

May 26, 2010

Ms. Joy Buckle
Office of the Official Opposition
5th Floor East Block, Confederation Bldg.
P.O. Box 8700
St. John's, NL A1B 4J6

Dear Ms. Buckle:

Re: Your request for access to information under Part II of the *Access to Information and Protection of Privacy Act*.

This is to confirm that on April 26, 2010 Eastern Health received your request for access to the following records/information:

- I am requesting under the Access to Information Act copy of information related to a meeting held between Eastern Health and Captain William Jackman Hospital on August 21, 2009 regarding Air Ambulance Services. At this time I am requesting:
 - Meeting agenda
 - Meeting minutes
 - Any information that was provided to &/or presented to attendees during the meeting
 - Meeting duration
 - Attendees (including any remote attendees) and their stakeholder affiliation
 - Meeting notes from individual attendees

You were contacted on May 3rd and May 7th to advise that a separate application would need to be sent to Labrador Grenfell Health Authority for any records they may have responsive to this request.

In response to your request:

- There was no written agenda for the meeting, however, the purpose was to discuss air ambulance services.
- Eastern Health attendees are not aware of any minutes recorded from the meeting.
- The meeting lasted for approximately two hours.
- Representatives from Eastern Health who attended were Corey Banks, Division Manager and EMS Chief Paramedicine & Medical Transport, and Dr. Scott Wilson, Clinical Chief, Emergency Medicine
- While there were no meeting notes available from the EH attendees, after the meeting, Mr. Corey Banks summarized his recommendations regarding the provision of Air Ambulance Services and shared the document with Ozette Simpson, Chief Operating Officer at Labrador Grenfell (attached)

Access to segments of information has been refused in accordance with the following exception to disclosure, as specified in the *Access to Information and Protection of Privacy Act*.

Section 20: Policy advice or recommendations

20. (1) The head of a public body may refuse to disclose to an applicant information that would reveal

- (a) advice or recommendations developed by or for a public body or a minister; or
- (b) draft legislation or regulations.

There is no charge for this request.


Section 43 of the *Act* provides that you may ask the Information and Privacy Commissioner to review this partial refusal of access or you may appeal the refusal to the Supreme Court Trial Division. A request to the Information and Privacy Commissioner shall be made in writing within 60 days of the receipt of this letter or within a longer period that may be allowed by the Commissioner. The address and contact information is as follows:

Office of the Information and Privacy Commissioner
2nd Floor, 34 Pippy Place
P.O. Box 13004, Station A
St. John's, NL
A1B 3V8
Telephone: (709) 729-6309
Facsimile: (709) 729-6500
E-mail: oipec@gov.nl.ca

In the event that you choose to appeal to the Supreme Court, you must do so within 30 days of the receipt of this letter. Section 60 of the *Act* sets out the process to be followed when filing such an appeal.

If you have any further questions, please feel free to contact the undersigned by telephone at 777-8025 or by e-mail at marian.crowley@easternhealth.ca.

Sincerely,


Marian Crowley
Director, Access and Privacy

Control:

- Single comprehensive program with 1 set of policies and 1 administrative structure (i.e.: MedFlight NL)
 - Director, plus “medical” Manager, and an “Aviation” Manager, etc – plus QA support
- Centered and managed in health
- Possible stand-alone agency (i.e.: FES, RNC)

Coordination:

- 1 centralized dispatch center with 1 position dedicated for flight services 24 x 7
- Medical focus
- Authorizations for flight and flight planning direct to pilots
 - Eliminate duplicate steps of aviation dispatch after medical authorization
 - Possible problems here with Government Air Services opposition
- No forms or faxing – all telephone dispatch (ideally 1 phone call)
- No bed confirmations – dispatch to coordinate bed
 - Sending facility to still arrange accepting physician as per institutional requirements
- “auto-launch” policy and authority for certain conditions/criteria or locations that MFS teams and aircraft automatically dispatched to assist at local facilities (disaster, or pandemic, or transport immediately such as major trauma)

Medical staff

- Fully qualified Medical Flight Specialist
- 2 locations: St. John’s and Happy Valley - Goose Bay
 - Likely opposition of moving from aircraft St. Anthony
 - St. John’s
 - Provincial services with plane – emergency and routine services
 - Conduct all out-of-Province flights
 - Provide dedicated helicopter service for Avalon region and the Island
 - Provide ground critical care transport as applicable
 - Janeway Neonatal Team operation
 - Happy Valley – Goose Bay
 - Provincial services with plane – emergency and routine services
 - Conduct all coastal medevacs
 - Charter Twin Otter or other aircraft (helicopter contract??)
 - Option for helicopter service for “bush” rescue/emergency service and coastal service
 - Canadian Helicopters and Universal Helicopters plus DND has Griffin Helicopter based in HV-GB
 - HV-GB better serve:
 - Lab West
 - Coastal Lab

- Not significantly impact response to remainder of NL as drive time to airport (45 mins to 1 hour min) as is currently experienced in St Anthony will be eliminated
- Higher level service airport
- High patient flow in & out of Labrador as is in and out of St. John's
- Scheduling at BOTH sites:
 - 1 crew on shift 24 hours x 7 days
 - 2nd crew on shift and available 5 – 7 days per week for 12 hours per day

Aviation staff

- Direct employees of Flight program
- Pilots staffed 24 hours per day x 7 days
 - Not on-call so duty day not an issue
 - Faster launch
 - Money currently being spent in OT and private charters
- Engineers direct employees of Flight Program

Aircraft

- HV-GB the new King Air 350 (NLF) now in St, Anthony
 - Local charter for costal....possible helicopter?
- St John's – aircraft needs to be replaced and should be replaced with a King Air 350 Extended Range
 - KA 350 ER can provide service to all runways in the Province and fly direct to Toronto without requirement to refuel
 - Both aircraft then the same for economic efficiency with pilot and engineer training, and on cost of parts

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OVERALL

- **VALUE-ADDED** – use air ambulance program to provide regular routine flights (i.e. waitlisted patients in St Johns returning to Labrador) - aircraft perform “milk-run” routine flight picking up and dropping off routine patients throughout Province on flight out and return.
 - Improve patient flow and open acute care beds
 - Improve patient’s satisfaction
 - Reduced use of long-haul transports in NL
- **CONTINGENCY PLANNING** – when one of the dedicated planes is out for repair or maintenance it should ALWAYS be replaced with a charter aircraft stationed at that site (HV-GB, or St. J’s). A conditional charter contract should be tendered and awarded to a company to provide such service when required.

PLAN – 3 year phase-in and then a goal of accreditation within 5 years.