

Twin Oaks Memorial Hospital Emergency Services Public Meeting Questions & Answers

On October 25, 2011, a public meeting was held to discuss a proposal that has been submitted to the Department of Health and Wellness to make changes to emergency services at Twin Oaks Memorial Hospital in Musquodoboit Harbour, moving to a Collaborative Emergency Centre model.

A Collaborative Emergency Centre is a site in the community for patients to receive emergency care, urgent care, and primary care. This means:

- Everyone has access to urgent and emergency care at the Collaborative Emergency Centre
- Patients of the family doctors who work at the Collaborative Emergency Centre may sometimes have scheduled appointments there (rather than at their regular family practice location) on days that their doctor is working at the Collaborative Emergency Centre.

The Department of Health & Wellness has defined standards for Collaborative Emergency Centres. We are proposing that the Collaborative Emergency Centre at Twin Oaks Memorial Hospital will operate as follows:

- Daytime: (8:00 am – 8:00 pm)
 - Family doctor on-call at Twin Oaks Memorial Hospital treating emergency and urgent care patients, as well as patients from their practice with regularly scheduled appointments
- Overnight: (8:00 pm – 8:00 am)
 - Emergency: a collaborative team (registered nurse and paramedic or two registered nurses) on site with Emergency Health Services doctor oversight via telephone
 - Inpatient / Nursing Home: covered by nurses overnight in the hospital with a family doctor providing oversight by telephone

The following is meant to provide a summary of responses to questions that arose at the public meeting.

1. What is the difference between emergency care, urgent care, and primary care?

Emergency care is when you are very sick and need to get immediate treatment for something that cannot wait for an appointment with your own family doctor and may require testing such as blood work or x-ray (example: trouble breathing, chest pain, localized pain). Urgent care is for people who need to see their family doctor quickly for something that does not require additional testing (example: small cuts, ear aches, urinary problems, flu). Primary care is a scheduled appointment with your family doctor (example: routine checkup, well women's exam, medication refill).

2. What will be the difference between the new proposed model and how care is provided now at the emergency department?

There are two main differences:

- Family doctors will work from 8am – 8pm on site at Twin Oaks Memorial Hospital and see their patients with appointments during this time as well as treat urgent and emergency patients.
- A collaborative team (registered nurse and paramedic or two registered nurses) will work in partnership from 8pm – 8am on site at Twin Oaks Memorial Hospital. The on-site team will be supported by an emergency health services doctor via telephone to help determine, along with the team, what treatment is to be provided for each patient. Family doctors from the Musquodoboit Harbour area will no longer be on-call overnight for emergency patients.

3. Will the paramedic provide a lower quality of care than a family doctor?

No. Paramedics are well trained health professionals that deliver high quality emergency care and have had extensive training in triaging patients. Family doctors from the Musquodoboit Harbour area and Porters Lake clinic support this model and endorse paramedic skill in providing a high level of emergency care equal to what they can provide.

4. Does Twin Oaks Memorial Hospital actually have an emergency department or is it an outpatient department?

While the emergency department within the hospital is often referred to as an 'outpatient department,' the nurses who staff this area have emergency training and are often required to treat a wide spectrum of patients ranging from less urgent conditions such as colds and flu to those with severe trauma such as chest pain and stroke.

5. How is the Collaborative Emergency Care model different than a walk-in clinic?

Walk-in clinics do not provide continuity of care – they do not have access to a patient's electronic medical record. The family doctors at the Collaborative Emergency Centre will be able to access patient records at both the Porters Lake and Musquodoboit Harbour clinics. Over 65% of people who go to the emergency department at Twin Oaks Memorial Hospital are patients of local family doctors, so the family doctors working at the Collaborative Emergency Centre will have access to these records. This model also provides evening and weekend access for patients to see a family doctor. This is an important piece that many walk-in clinics do not provide, and both are important to ensuring high quality primary care for people living in the community.

6. Is the emergency department closing?

No. The Department of Health and Wellness state in their standards for Collaborative Emergency Centres that sites that are currently open 24 hours will remain that way.

7. What hours will the family doctors work at the Collaborative Emergency Centre?

It is proposed that family doctors will work from 8:00am – 8:00pm every day, including weekends and holidays at the Collaborative Emergency Centre at Twin Oaks Memorial Hospital. The doctors' family practices will not be impacted.

8. What will the family doctors cover overnight?

Family doctors will be on-call for inpatients at Twin Oaks Memorial Hospital and nursing home patients at the Birches.

9. Why do we need to change the way emergency services are currently provided?

The current model of coverage for the emergency department is draining on our physician resources and must be changed to avoid sporadic or planned closures to the emergency department. The current model limits our ability to recruit new family doctors to the area. By changing the way coverage is provided for the hospital and promoting collaborative care teams (which is what the Collaborative Emergency Care model does – bringing a variety of health providers together as a team), Musquodoboit Harbour and the surrounding area becomes a more attractive location for family doctors to work.

10. You said that we have lost three family doctors in the past four years. Why are family doctors leaving the community and why can't we recruit more?

The current model of coverage for the hospital is not ideal. By moving toward a Collaborative Emergency Care model, it is our belief that this will increase our ability to recruit new family doctors to the community. After surveying family doctors that have left the community, many have stated that the requirement to provide overnight hospital coverage played a part in their decision to leave. However, recruiting more family doctors is only a part of the solution. It is important to build collaborative teams (teams of different types of health providers, such as registered nurses, nurse practitioners, paramedics, and family doctors) within the area to make the most efficient use of hospital, community, and physician resources. We are working toward building these collaborative teams that best meet the needs of this community.

11. What happens if I have booked an appointment with my family doctor at the Collaborative Emergency Centre and my doctor gets called to respond to an emergency?

Your family doctor will need to prioritize the order that patients are seen in on a case by case basis. There may be scenarios where patients are advised that the family doctor will be occupied with an emergency and that they can either wait or reschedule the appointment. This is no different than the current model. The only difference is that in the new model, the doctor on-call will already be at the hospital, so he/she won't need to travel each time they are called for an emergency. This new model should be more efficient for the patients and physicians.

12. Could we consider having the Collaborative Emergency Centre supported by the family doctors from 10am – 10pm?

We are happy to receive suggestions from the community on the hours of operation and will discuss this option with the Collaborative Emergency Centre Committee. The 8:00am – 8:00pm time period was suggested based on the early success of the operating model in Parrsboro, as well as emergency department data from Twin Oaks Memorial Hospital. After reviewing trends, we have determined that the number of patients visiting the emergency department declines significantly after 8:00pm. The majority of patients that do arrive between 8:00pm – 8:00am typically have low acuity (less urgent) conditions.

13. When will the Collaborative Emergency Centre start operation?

We are proposing that it will begin in the Spring of 2012. This is a tentative start date as we have not implemented this model previously in the Capital Health district.

For more information on changes to emergency Services at Twin Oaks Memorial Hospital and the Collaborative Emergency Centre model proposal, please contact Marilyn Cipak at 889-4106 or email Marilyn.Cipak@cdha.nshealth.ca.