LEGISLATIVE ASSEMBLY OF THE
NORTHWEST TERRITORIES

10TH ASSEMBLY, 9TH SESSION

TABLED DOCUMENT NO. 75-87(1)
TABLED ON JUNE 8, 1987

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TABLED ON

Churchill Health Centre Churchill, Manitoba, Canada ROB 0E0 • TELEPHONE (204) 675-8881

February 20, 1987

Date Rec'd MAR 4 1987

ACTION req'd — (Circle)

1) INFO for Dept. - H / 8.8. / W.C.B.

b) FILE only

-) FFPPONDE roq'd H 8.8. / W.C.B.

d) HOLD for discussion - H / (-) / W.C.B.

c) OTHER

Initials / Signature .

Mr. Bruce McLaughlin Minister of Health Department of Health and Welfare Yellowknife, N.W.T.

Dear Mr. Bruce McLaughlin:

This letter is being written to express my concerns about neonatal transport in the Keewating region of the North West Territory.

On January 27, 1987 in Rankin Inlet, N.W.T., a young Gravida 3, Para 1, Stillbirth 1, 17-year old Inuit girl, whose previous pregnancies had terminated at 30-weeks and 22-weeks gestation, went into premature labor at 28-weeks gestation. After 90-minutes of lower abdominal cramps she presented to the Nursing Station with a fully dilated cervix and bulging membranes. She promptly delivered her baby in a footling breech position. The baby was born "flat" but was successfully resuscitated, intubated and stablized by ten minutes of age. The infant required continued respiratory assistance provided by manugal bugging. While efforts were still being made to resuscitate the infant, the Nurse in Charge was directed to initiate arrangements for the child's transfer to a Neonatal Intensive Care Nursery. Several problems arose.

Winnipeg has become the major referral center for patients from the Keewatin region of the N.W.T. Patients for whom specialist services are required generally referred to Winnipeg. Tertiary care services and hospitalizations are organized in Winnipeg. Indeed, this mother had been to Winnipeg on December 31, 1986 for an obstetrical consult and an ultrasound assessment of her pregnancy. The request was made to the Neonatal Transport Team in Winnipeg to come to Rankin Inlet to transport the 1450 gram premient the Neonatal Intensive Care Nursery at the Childrens Hospital in Winnipeg. This request was refused, as we were informed the team would not go beyond the Manitoba border; they would however, come as far as Churchill, Manitoba. It was decided to try to arrange to meet them there. The Rankin ambulance came to the Nursing Station and a pressurized plane was readied and stood by on the Rankin Inlet runway.

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Some confusion ensued. After my request to Ms. Sue Pauhl, the Rankin Nurse in Charge, she called the Medical Services Zone Officer, who contacted the Churchill Health Centre physician-on-call, Dr. Skibo to arrange Life-Flight's trip to Churchill. Life-Flight apparently would only speak to the physician directly responsible for the case and so I then called the Life Flight number. I was told I had to speak to the Neonatal Team directly, which I then did. I was told that a second request had been made for the plane and that we would be duely informed to which they would first respond.

After a further half hour wait without reply from Winnipeg, it was decided to initiate the evacuation with the Rankin plane, and hope to rendezvous with the Manitoba plane in Churchill. In flight we were informed the Winnipeg plane had gone to the other Medivac first and so would be delayed a further two and a half hours getting to Churchill. We continued on towards Winnipeg. Unfortunately the baby deteriorated while in the air, and further attempts at resuscitation were unsuccessful. Little Donavin died.

First, I do not feel that it is appropriate that arrangements for a medical evacuation always be organized by the physician in charge. In this case, my skills were better employed with attention to the patient than on the telephone. While resuscitation attempts were in progress, my request was made concisely and directly to Ms. Pauhl, who I feel was clearly able, on my behalf, to relay our need for specialized transport for the sick premie.

I feel the delay in response to the request for specialized transport was unacceptable. Time was one important factor. If it had been known immediately that the Winnipeg plan was unable to respond, then the evacuation from Rankin could have been initiated at once, the plane was ready. Perhaps we would have made it to Winnipeg.

Most importantly, if we had been able to keep this infant in the warm Nursing Station at ground level until he could have been transported with the benefit of a cardiac monitor, an oxygen monitor, a temperature monitor, an intravenous infusion controlled by an infusion pump, and a respirator, I wonder if he would have survived his arduous journey to further neonatal intensive support. He needed specialized transport that was neither available in the Rankin Nursing Station, nor in the Churchill Health Centre. We did our best with what we had but it was not good enough for this baby.

What will happen to the next infant like Donavin?

Could you please explain to me the reason why the Manitoba Neonatal Transport Team and Life-Flight are not permitted to go to the aid of a patient that is awaiting transport to the Winnipeg Intensive Care Unit?

In the Baffin Region, a baby can be transported with the monitoring equipment from the hospital in Iqaluit with the supervision of a pediatric resident.

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In the Western Arctic, the staff of any Nursing Station can discuss the care of a meonate directly with the physician in Edmonton's University Hospital. The Neonatal Transport Team from there will respond to a call to any remote destination so that infants can be transported with the appropriate care. They frequently travel to Inuvik, 2,189 air miles north of Edmonton. It would take them two and a half hours by King Air, or one hour and forty-five minutes by Lear Jet to travel the 1,222 air miles from Edmonton to Rankin Inlet.

If the Keewatin District of the N.W.T. and Manitoba cannot come to an agreement with regards to the transportation of sick neonates, then the Keewatin region settlements should consider seeking such assistance from the University of Alberta's facilities in Edmonton. The Edmonton Neonatal Intensive Care Unit physician, Mr. David Schiff has assured me the team would be able and willing to fly to the Keewatin area.

The Medical Services Regional Evacuation Officer, Mr. Robert Knight of Yellowknife, has also assured me that Medical Services in the Keewatin is not limited to seeking their tertiary care resources in Manitoba. If such a medivac flight was made to Edmonton, the costs would be covered.

I feel this situation needs to be re-examined by those in a position to make appropriate changes.

As I will be travelling in the next little while, I would appreciate if you could direct your response to me at P.O. Box 308, Sackville, N.B. EOA 3LO. I look forward to your reply.

Yours truly,

Ginew

C.J. (JEAN) CAMERON, M.D., C.C.F.P.

CJC/vg

c.c. College of Physicians and Surgeons, Prov. of Manitoba

Mr. Larry Desjarding, Minister of Health, Prov. of Manitoba

Mr. Esmond Smith, Zone Director Keewatin Region, Medical Services, Churchill

Ms. Jo MacQuarrie, Keewatin Health Co-ordinator, Rankin Inlet

Dr. Brian Postl, Director N.M.U.

Dr. Ian Morrison, ObsGyn. St. Boniface Bospital

Dr. Eric Stearns, Dept. of Obstetrics, M.S.C. Winnipeg

Ms. Sue Pauhl, Nurse-In-Charge, Nursing Station, Rankin Inlet

Dr. Patrick Brown, Chief of Staff, Churchill Health Centre

Manitoba



Minister of Health Minister Responsible for Sport

7th Floor WS Hargrave Street Winnipeg, Manikoba, CANADA St. 12% **F3C 3R8** MAR 1 7 1987 MAR 2 3 1987

Dr. C.J. Cameron Churchill Health Centre Churchill, Manitoba ROB ORO

Doar Dr. Cameron:

I am responding to your February 20, 198/ letter concerning mechatal transport in the Northwest Territories Keswatin Region which this office received on March 2, 1987.

I understand from Dr. M. E. K. Moffat, Associate Director, Medical Division of Community and Northern Medicine, that this case will be referred to the College of Physicians and Surgeons, Perinatal and Maternal Morbidity and Mortality Committee for review and recommendations. I will be requesting information concerning the outcome of the Committee's review.

Regarding the other points raised in your letter, I assure you that they are under our active review.

Thank you for writing me about your concerns. You can be assured that they are receiving the attention they merit.

> Yourg sincerely, ORIGIN: 1 C L. D. Desjardina

oc: College of Physicians and Surgeons of Manitoba

The Honourable Bruce McLaughlin, Minister of Health, N. W. T.

Mr. Esmond Smith, Zone Director, Keewatin Region, Churchill

Dr. Brian Postl, Director, N. M. U., Winnipeg

Dr. Ian Morrison, St. Boniface Hospital, Winnipeg

Dr. Eric Stearns, Obstetrics, H.S.C., Winnipeg

Me. Jo MacQuarie, Keewatin Health Co-ordinator, Rankin Inlet Ms. Sue Pauhl, Nurse-In-Charge, Nursing Station Rankin Inlet

Dr. Patrick Brown, Chief of Staff, Churchill Health Centre



MAR 2 0 1987



C.J. (Jean) Cameron, M.D., C.C.F.P., P.O. Box 308, Sackville, New Brunswick, EOA 3LO

Dear Dr. Cameron:

Thank you very much for your letter dated February 20, 1987, regarding the medical evacuation of neonates out of the Keewatin Region.

Clearly the manner in which the Meonatal Transport Team in Winnipeg and the Life - Flight air ambulance service dealt with the incident on January 27th is cause for grave concern. Accordingly, I have instructed my staff in the Department of Health to investigate the incident and to explore means of avoiding any recurrences.

Yours sincerely,

Original Signed By Bruce McLaughlin

Bruce McLaughlin, Minister.

KNIGHT/hs Qu





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April 8, 1987

Dr. James B. Morison Registrar . College of Physicians & Surgeons of Manitoba 1410-155 Carlton Street Winnipeg, Manitoba R3C 3H8

Dear Doctor Morison,

Although I am in receipt of a copy of your letter to Jean Cameron regarding the infant from Rankin Inlet who died in flight over Manitoba, I would like to request again that the Perinatal and Maternal Welfare Committee be asked to review this case.

The Keewatin District has to be considered a medical extension of Manitoba even though it is a separate jurisdiction. The physicians who work there are all licensed in Manitoba and all serious medical cases are treated in Manitoba. The referral patterns are very clear. I feel we have a moral obligation to do everything we can to improve the quality of care for the people of the Keewatin.

I am enclosing copies of all the documentation we have, and would hope that you will respond favourably to this request.

Sincerely,

H.E.K. Moffayt, H.D., F.R.C.P.(C)

Associate Director, Medical

Division of Community & Northern Medicine

MEKM/1f

cc. E. Smith

L. L. Desjardins

J. MacQuarrie

I. Morrison

MU



22 - 7 1987



Mr. Maurice Aked, Regional Director, Medical Services Branch, NWT Region, Bag 7777, Yellowknife, N.W.T. XIA 2R3

Dear Mr. Aked:

You will find attached correspondence relating to the medical evacuation of a premature baby from Rankin Inlet to Winnipeg in late January of this year. I expect you may be familiar with this case already.

The Honourable L.L. Desjardins, the Minister of Health for Manitoba, wrote to Dr. Cameron stating that this case had been referred to the Manitoba College of Physicians and Surgeons (Perinatal and Maternal Morbidity and Mortality Committee) for investigation. I would be pleased if you would keep me informed of the outcome of that committee's investigation, and of any investigation that your own staff may undertake in the Keewatin Zone.

Yours sincerely,

Original Signed By Bruce McLaughlin Bruce McLaughlin, Hinister.

Attachment

Z KHIGHT/m1

THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA Address all correspondence to 1410-155 Carlton Street the Registrar WINNIPEG, Manitoba R3C 3H8 Telephone (204) 947-1694

April 1, 1987

Dr. C.J. Cameron Churchill Realth Centre Churchill, Manitoba ROB OEO



Dear Dr. Cameron:

I have discussed your letter of Fabruary 20, 1987 with Dr. Ien Morrison, Coordinator of our Perinatal & Maternal Welfare Committee.

This letter concerned the evacuation of a neonate from Rankin Inlet.

Many matters raised in your letter are really not the responsibility of the College or the Perinatal & Maternal Welfere Committee, but rather e-a for the Manitoba Department of Health, which is responsible for the . , dical evacuation services, and the government of the Northwest Territories.

In his letter of March 17, the Minister of Health, the Honorable L.L. Desjarding, stated that the matter would be reviewed by the Perinatal & Maternal Morbidity Committee of the College. This is a misunderstanding, as the College has not included in its studies cases occurring outside the province. We have not yet received a death certificate on this child, and presumably it was registered as a N.W.T. death, even though the beby died in flight.

Although we share your concerns in this difficult situation we are not in a position to act on the matter. We note that Mr. Desjardins states that the points within the letter which fall within his responsibility are under consideration.

Yours sincerely,

B. MORISON, M.D.

/ejm

cc: Mr. L.L. Desjardins, Manitoba Minister of Health

Mr. B. McLaughlin, N.W.T. Minister of Health

Mr. E. Smith, Zone Director, Keevatin Region, Medical Services

Ms. J. MacQuerrie, Reswatin Health Coordinator, Rankin Inlet

Dr. B. Postl, Director NMU

Dr. I. Morrison, St. Boniface Hospital Dr. E. Stearns, Dept. of Obstatrics, Health Sciences Centre

Ms. S. Pauhl, Nurse in Charge, Nursing Station, Rankin Inlat

Dr. P. Brown, Chief of Staff, Churchill Health Centre