

thing is possible, “but how safe is it? We have national standards for a 1-to-1 ratio. That’s the way it is, and that’s the way it will stay.” Sheppard says anesthesia care teams in Ontario, which include anesthesiology assistants and nurses, are now working with anesthesiologists to administer anesthetic for routine cases, such as cataract surgery. Training more anesthesiologist assistants could help speed up the efficiency of larger surgeries. But in the end, he says, nurse shortages need to be addressed.

Barrette has also proposed that surgical waits could be partially alleviated through new pay incentives for intensive care unit nurses.

Such measures would go a long way to reduce wait times and waiting lists, he says. “At the end of the day, you might increase throughput by more than 10% to 20%. Reasonably, we can design a template that can be workable to everyone.” — Elizabeth Shilts, Ottawa

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Nova Scotia paramedics

to be wired

More accurate diagnoses are among the forecast benefits of Canada’s first province-wide electronic reporting system for paramedics.

Siren ePCR will be fully implemented in Nova Scotia, at a cost of \$2.2 million over 3 years, by early next year. It’s expected that more than 800 emergency services personnel will abandon their clipboards, pens and papers in favour of the computerized system that organizes patient information in a useful format for staff in emergency departments.

Patient information is more legible and “formatted in a way the emergency doctor can understand,” says Dr. Andrew Travers, staff physician at the Queen Elizabeth II Health Sciences Centre in Halifax. “We’re relying more and more on the information paramedics provide,” Travers adds. “This

[system] is helping us to make an accurate diagnosis.”

Paramedics, meanwhile, praise the versatility, ease and speed of the system, which was developed by Medusa Medical Technologies Inc. of Halifax. “The software is designed to follow the workflow of a health care worker as they do an assessment in real time,” says John Bessonette, an advanced care paramedic in Halifax. “But you don’t have to start at the top of the checklist. You can start at any point in the process.”

Savings in recording time along with the sophistication of the system combine to provide more detailed information for physicians, says Travers, who also serves as medical director of research with Emergency Health Services. “Instead of 1 page [of information], there could be 6 or 7.”

It includes drug and dosage information, Travers notes. “Almost by default this allows you to investigate drug interaction — [and] that’s just the tip of the iceberg.”

The system also automatically records a patient’s address for the paramedic team and even provides a map to speed response time.

Quality assurance is also improved,

says Deborah MacKay, director of communications and dispatch services with Emergency Health Services. “You can query by incident or paramedic.”

MacKay says the new system also has significant, long-term clinical and research implications. Province-wide data can be collected and aggregated for use in investigating a particular issue, such as heart attack symptoms in women, or a specific process, such as intubation.

All paramedics in the province will be trained by January 2008. By then, proponents hope to iron out kinks in the system that emerged during the pilot phase. These include lost connections and an inability to print out reports in emergency departments.

The Siren ePCR system, which is now being implemented in 60% of ambulances in the United Kingdom, may also prove to be incompatible with other software in Nova Scotia’s health care facilities.

“The current platform may not flow into the hospital system,” says Travers. “[But] we’ll deal with that when the time comes.” — Donalee Moulton, Halifax

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Emergency Health Services Nova Scotia

Paramedic supervisor Kevin Carey demonstrates the ease with which patient information can be entered into a new electronic reporting system being introduced in Nova Scotia.