## **RCCR Patient Story**;

April 26, 2017 a random ice storm hit the northwest and halted all city activity within Thunder Bay for 48 hours. ORNGE was grounded; no flights were coming or going in Northwestern Ontario. This day there were 2 critically ill Life or Limb patients immovable due to weather in their home communities of Fort Frances and Geraldton.

Just after midnight, as the storm began a patient in Fort Frances requiring extensive surgery was assessed and stabilized by the RCCR Intensivist Dr. Stallwood, Dr. Walters ORNGE, and Kristie Scalzo and Dianne Fischer Olibris RCCR RN's while waiting for transport. Through the day this patient was seen an additional 3 times by the day RCCR team including intensivists Dr. Aurora, Dr. Brown and Dr. Donovan, ORNGE; as transport was not an option. By the afternoon it was decided that land transport would be attempted after receiving clearance from the OPP. The patient was accompanied by members of the Fort Frances team who had worked together to deliver the best possible care under extenuating circumstances. The patient safely arrived at TBRHSC by 2130, the surgical team was ready and he received the life saving care required.

At 0730 on that day in Geraldton, Ontario, (population 1,828, located 283 km northeast of Thunder Bay) the staff of the community hosputal was caring for a patient in severe respiratory distress requiring lifesaving, immediate intubation and transfer to the level 3 critical care unit in Thunder Bay.

The Intensivists, Dr. Mark Stallwood, Dr.Bryce Brown, Respiratory Therapist Rose Cybulski, Regional Critical Care Response Registered Nurse, Meghan Hill from Thunder Bay and Dr. Walter from ORNGE linked to Geraldton via telemedicine within 7 min of their initial call to CritiCall.

The patient's intubation was directed by the Critical Care MD's and went seamless without incident. Rose then directed the staff in the use of the ventilator (a piece of equipment not frequently used for extended amounts of time in a small community hospital) and through the day she assisted to change setting to best optimize the patients respiratory status. Megan directed the nursing staff in completing a full critical care assessment, managing their critical care medication infusions and other nuances of critical care nursing they would not be necessarily familiar with. The RCCR team linked back up 5 more times through the day to give support and assistance as required. By 1530, the decision was made to transfer the patient via land ambulance with the Geraldton MD and RN. The weather was not ideal and the drive was slow. They however thankfully, arrived safely in Thunder Bay by 2130.

Through the day of the storm; the Fort Frances and Geraldton medical and nursing staff, although in unusual and stressful situations, both showed an incredibly positive attitude, demonstrated high levels of professionalism and worked well as a team. The RCCR staff that day also managed other calls in addition to these plus daily rounds with Kenora.

All staff involved in managing these patients were exemplary in their professionalism and deserve a sincere thank you for the work done that day.

Edie Hart; RCCR Clinical Lead