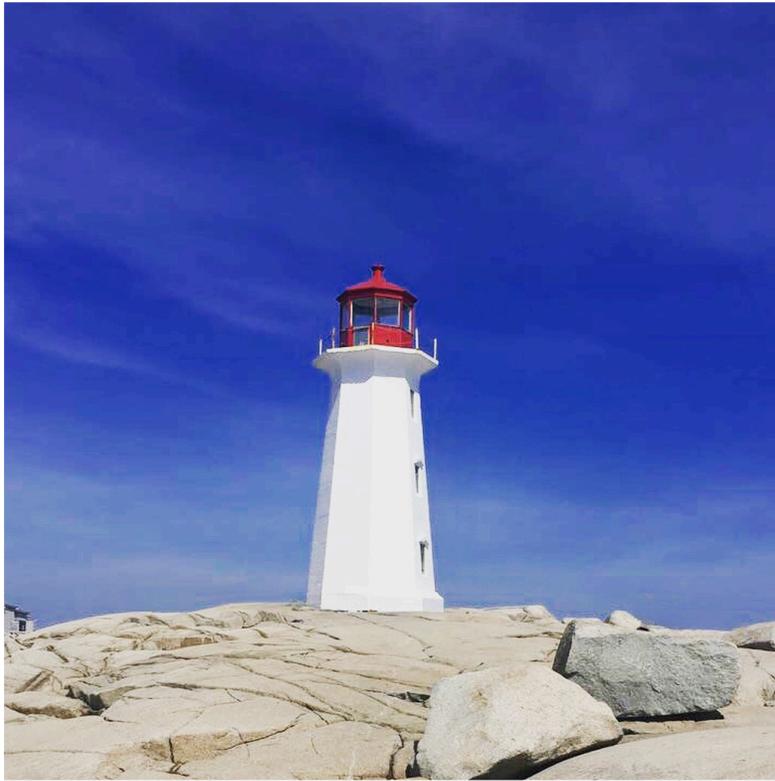


# ANNUAL REPORT

2024/25



## TRAUMA NOVA SCOTIA



# ACKNOWLEDGEMENT

The NSH Trauma Program (Trauma Nova Scotia) is a provincial program operated and managed under Nova Scotia Health. The NSH Trauma Program oversees and is the custodian of the Nova Scotia Trauma Registry (NSTR).

The 2024/25 Annual Report was prepared using data from the NSTR for the 2024/25 Fiscal Year under the direction of the Senior Medical Director and NSH Trauma Program Director, together with the Manager and Staff. The NSH Trauma Program Registry Team collects data on trauma patients from the 2 tertiary care centers in Halifax, the 8 regional hospitals across NS, and the NS Medical Examiner Service. We are grateful to these sites for their ongoing support.

Questions regarding this document should be directed to:

Kenzie MacLean, Manager

Email: [Kenzie.MacLean@nshealth.ca](mailto:Kenzie.MacLean@nshealth.ca)

## LAND ACKNOWLEDGEMENT

We acknowledge that Nova Scotia Health is located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kma'ki People. Our relationship is based on a series of Peace and Friendship treaties between the Mi'kmaq Nation and the Crown, dating back to 1725. In Nova Scotia, we recognize that we are all treaty people. We also acknowledge that people of African descent have been in Nova Scotia for over 400 years, and we honour and offer gratitude to those ancestors of African descent who came before us to this land.





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# LEADERSHIP MESSAGE

## VICE PRESIDENT OF OPERATIONS, CENTRAL ZONE

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I would like to recognize Bree Gillis, Dr. Rob Green, and the entire Nova Scotia Health Trauma Program for another year of outstanding achievements. Your team continues to set a high standard for trauma care, ensuring Nova Scotians receive the best possible support when they need it most.

This year, the Trauma Program demonstrated its commitment to innovation and learning. From presenting projects at all four Quality Summits to delivering the Provincial Trauma Course across 13 regional and community sites, your efforts continue to strengthen trauma expertise across the province. We are also pleased to celebrate the team's success in securing the Innovation Den grant, which will help bring virtual in-situ trauma simulation training to communities and further enhance access to virtual learning across the province.

Equally important is your focus on the patient experience. By developing creative approaches to ensure high-quality care is delivered in-hospital and continues once patients return home, your team is improving outcomes and supporting patients when it matters most. The dedication, innovation, and leadership of the Trauma Program reflect the excellence that Nova Scotia Health strives for every day, and we look forward to seeing your continued achievements in the year ahead.



Eileen MacGibbon  
Vice President of Operations, Central Zone  
Nova Scotia Health

# LEADERSHIP MESSAGE

## SENIOR MEDICAL DIRECTOR & DIRECTOR

---

We are delighted to share our 2025 Trauma Nova Scotia Annual Report, celebrating the incredible strides we've made together over the past year. As leaders, we are both proud and inspired by the unwavering dedication, expertise, and passion of our team.

Education remains at the heart of our work, supporting clinical excellence across the province. This year, the Provincial Trauma Course (PTC) successfully expanded its reach to regional and rural sites throughout Nova Scotia, equipping clinicians with vital knowledge and skills. By fostering collaboration and knowledge-sharing, the course strengthens our collective ability to deliver high-quality trauma care.

In line with our commitment to provincial reach and innovation, we've launched Phase One of Trauma Link, funded through the QEII Innovation Den. This initiative leverages virtual technology to bring in-situ trauma simulation training to communities across the province, ensuring equitable access to education and readiness in trauma care.

At the QEII, our innovative Trauma Consult Service continues to make a measurable impact - reducing both length of stay and relative mortality for trauma patients. What began as a service led by registered nurses and physicians has now grown into a dynamic multidisciplinary team, including a Clinical Lead, Physiotherapy, Social Work, Pharmacy, and specialized weekly collaboration with Geriatrics and Physiatry. We are incredibly proud of the team's commitment to providing timely, expert consultations that improve patient outcomes and deliver the high-quality care every trauma patient deserves. In addition, our Trauma Virtual Follow-up Clinic has proven to be a valuable extension of care, supporting trauma patients after discharge by enhancing continuity, improving access - especially for those in rural areas - and ensuring recovery remains on track after the inpatient journey ends.

*(continued)*

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Our commitment to collaboration has strengthened partnerships across departments and disciplines, enabling a coordinated approach to trauma care. This spirit of collaboration extends beyond hospital walls - our program places a strong emphasis on injury prevention, education, and building meaningful partnerships in our communities that promote safety and resilience across Nova Scotia. By working closely with public health teams, government organizations, and advocacy groups, we can identify risk factors, share data-driven insights, and deliver targeted educational initiatives within communities. These efforts empower individuals with the knowledge and tools to prevent injuries before they occur and foster a broader culture of safety. Together, through education, prevention, and partnership, we are not only treating trauma - we are working to stop it.

As we look ahead, we remain steadfast in our mission to deliver exceptional trauma care and broaden our impact. Our program will continue to evolve - advancing clinical excellence, expanding our reach, and strengthening trauma care across the Maritimes.

To our incredible team: thank you for your tireless commitment and your shared passion for excellence. And to our partners: we are grateful for your continued collaboration and support. We look forward to building on our shared successes in the year ahead.

As always, we welcome your feedback. Please don't hesitate to reach out to us through our [website](#) with any comments, questions, or suggestions.



Dr. Robert S. Green  
Senior Medical Director  
Trauma Nova Scotia



Breanne Gillis  
Director  
Trauma Nova Scotia

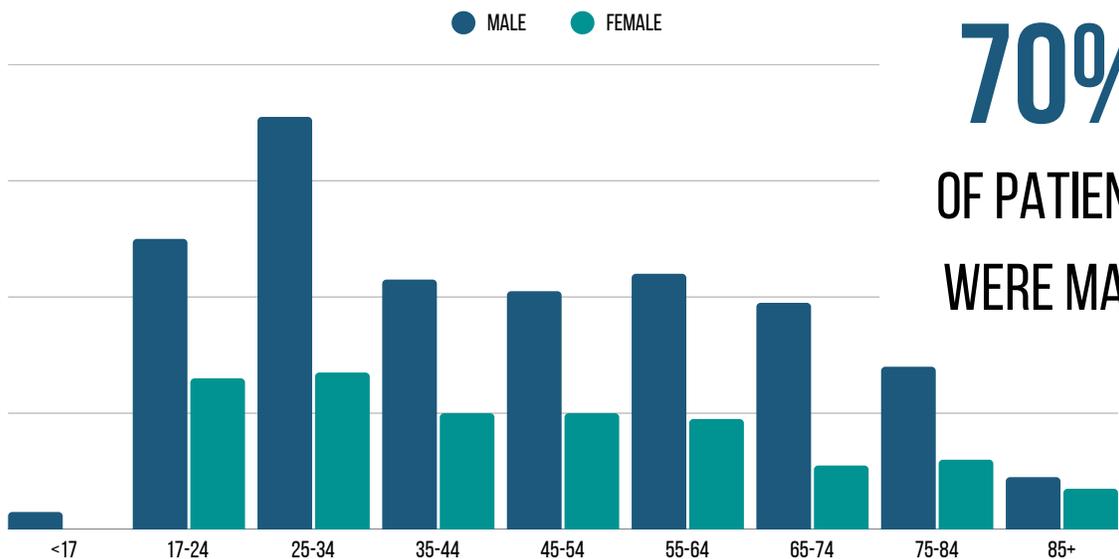
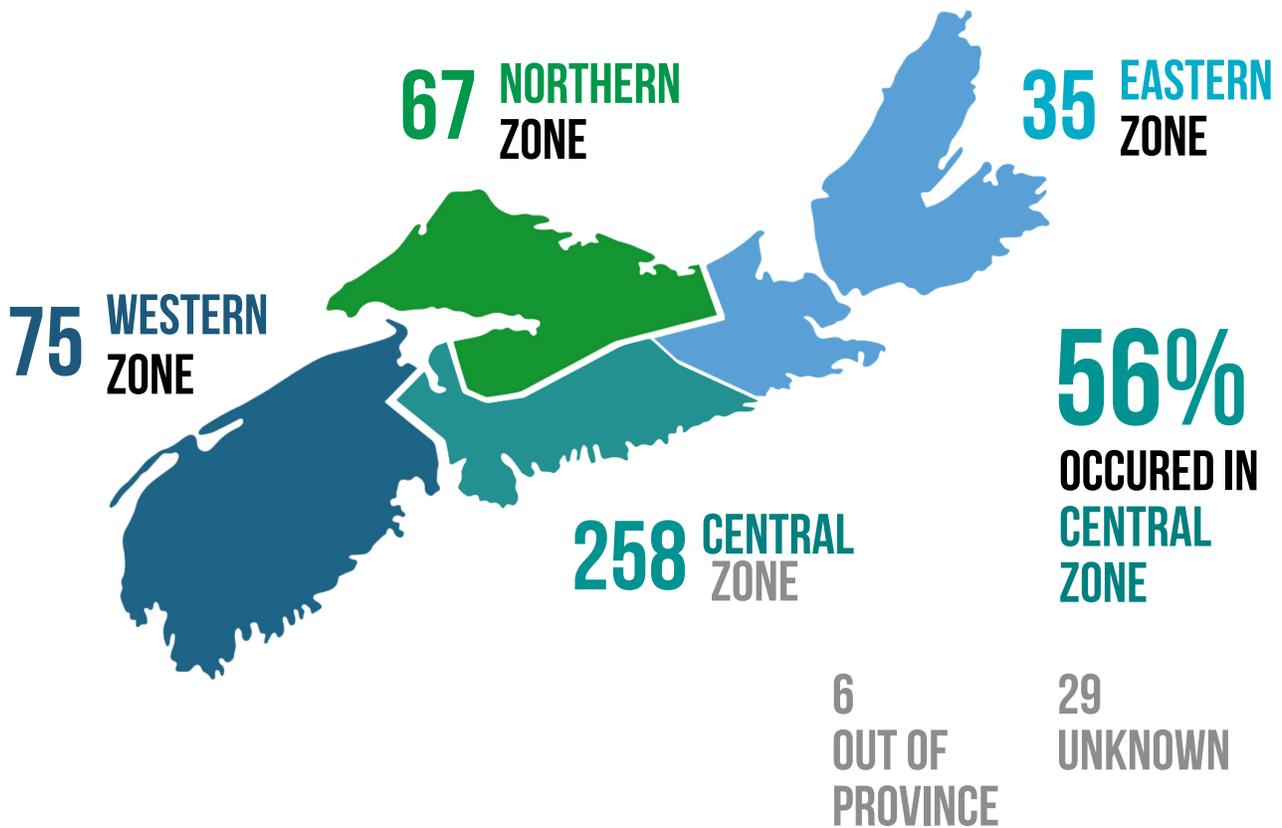
# ADULT TTA STATISTICS

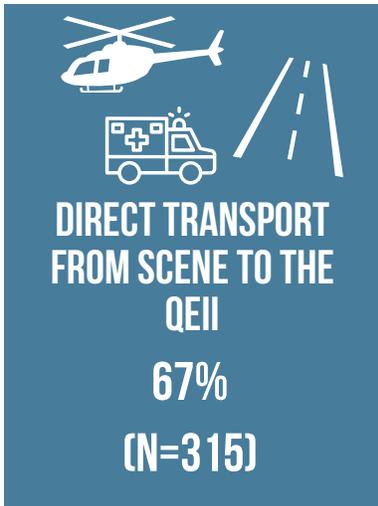
TTA PATIENTS

APR 1 2024-MARCH 31 2025

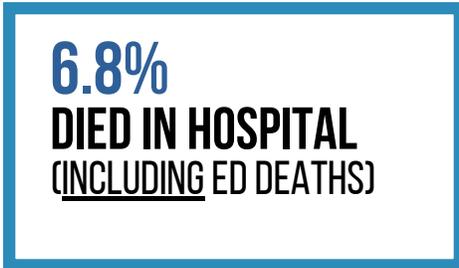
470

QEII TRAUMA  
TEAM  
ACTIVATIONS



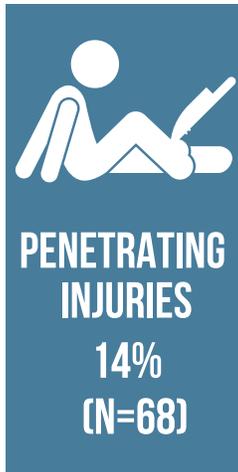
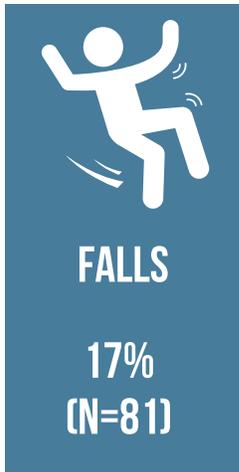
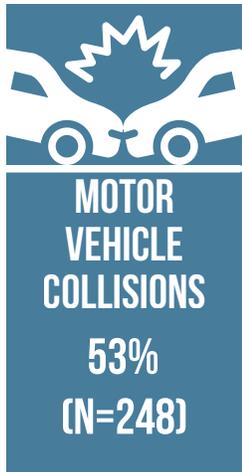


## MORTALITY \*



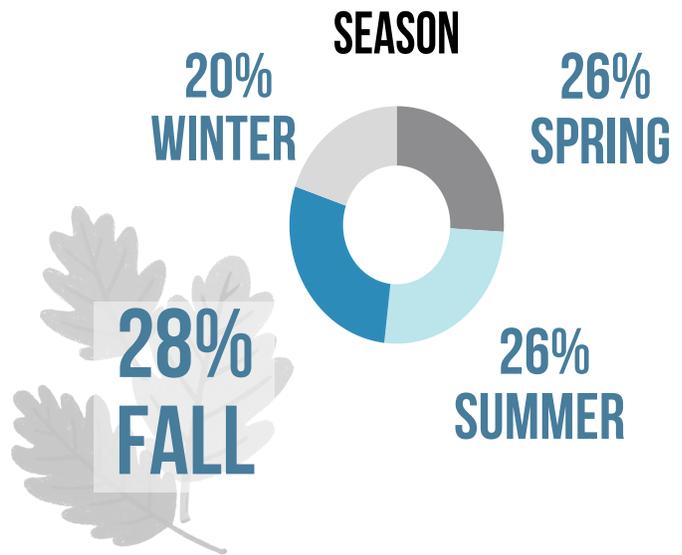
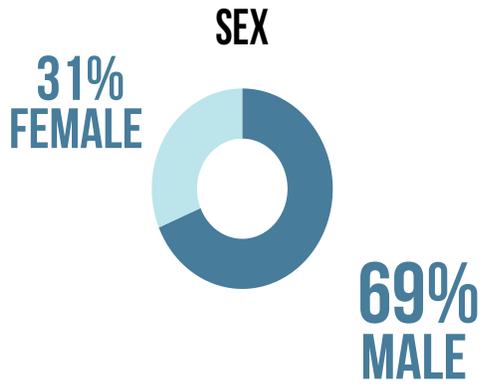
\*% OF TTAS AT THE QEII

## INJURY MECHANISMS

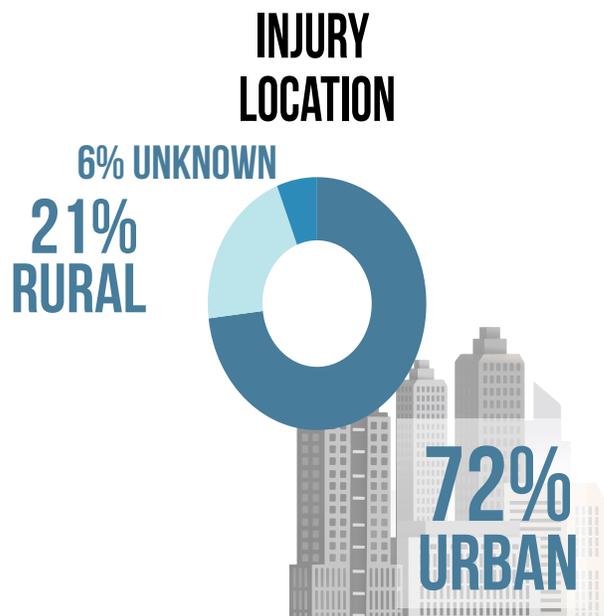
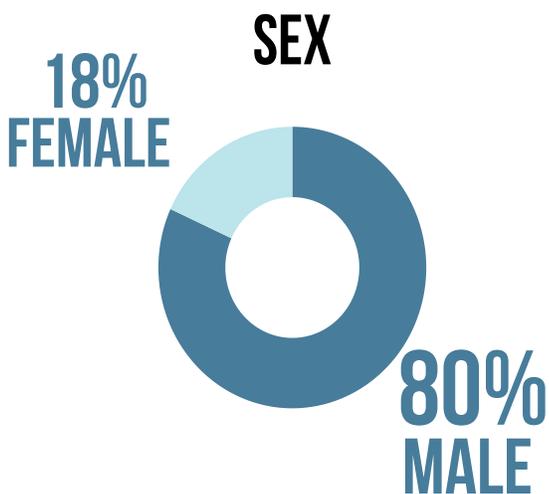
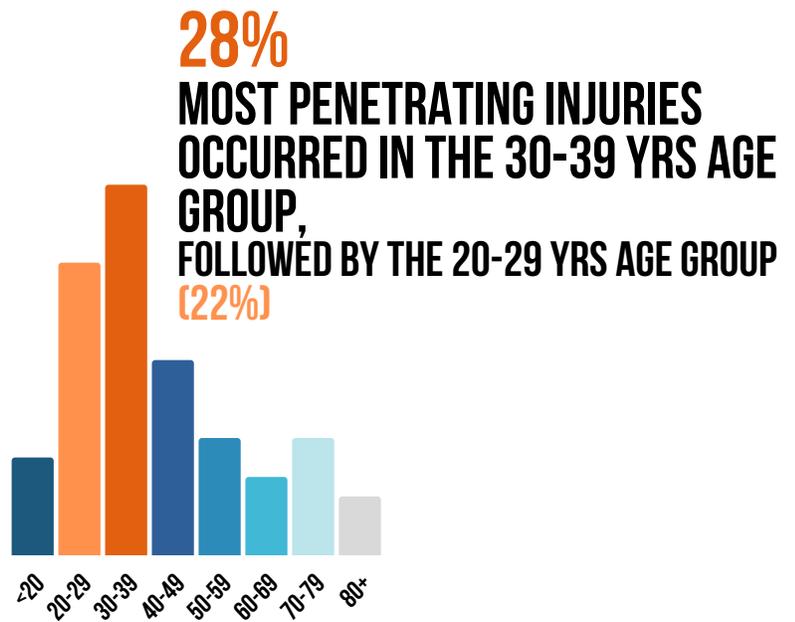
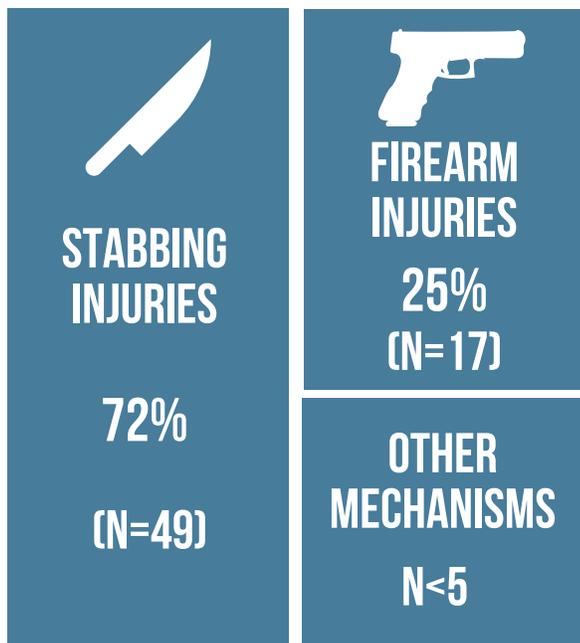


**70%** OF INJURIES WERE CAUSED BY MOTOR VEHICLE COLLISIONS (53%) AND FALLS (17%)

# FALL-RELATED INJURY



# PENETRATING INJURY



# PEDIATRIC MAJOR TRAUMA STATISTICS

## PATIENTS

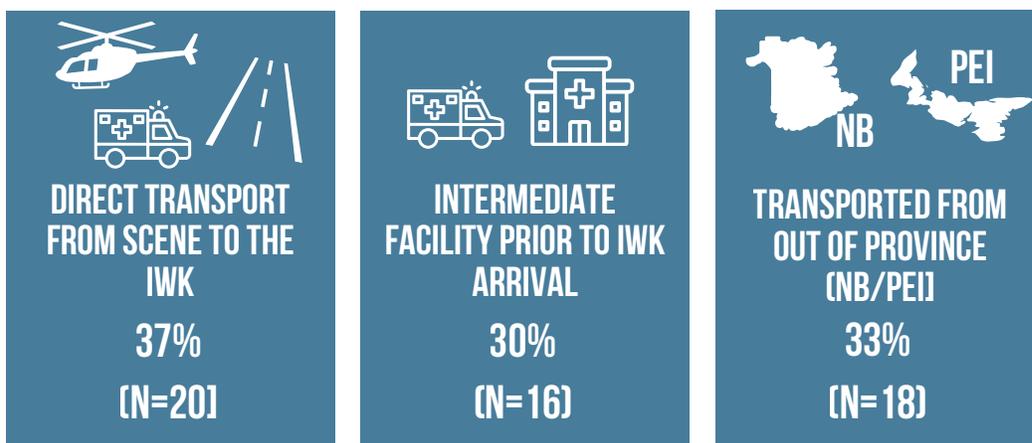
APR 1 2024-MARCH 31 2025

PEDIATRIC MAJOR TRAUMA PATIENTS: **54**

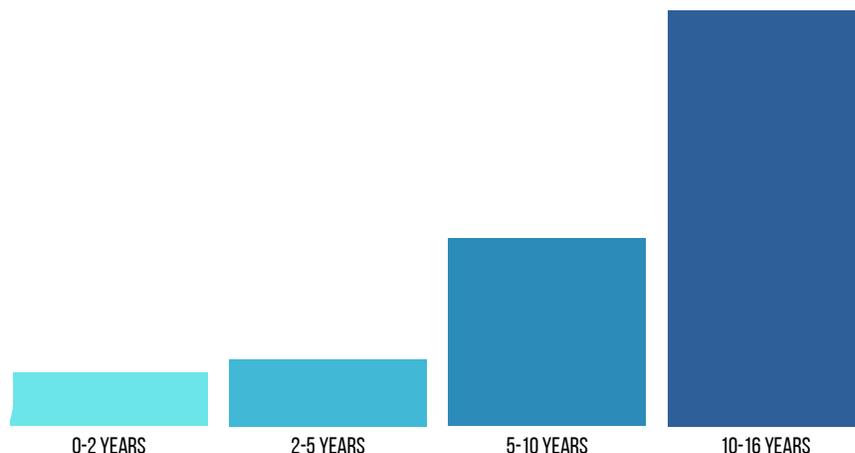
FULL TTA (HIGHEST LEVEL): **35**

TRAUMA CONSULT (SECOND LEVEL- SEEN BY TTL): **15**

OTHER TTAS (DIRECT ADMITS OR MANAGED BY ED): **4**

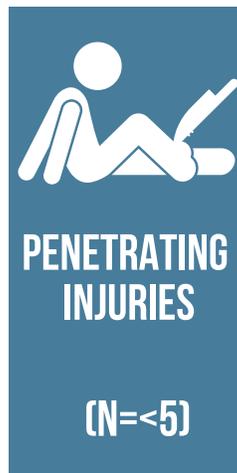


● 0-2 YEARS ● 2-5 YEARS ● 5-10 YEARS ● 10-16 YEARS

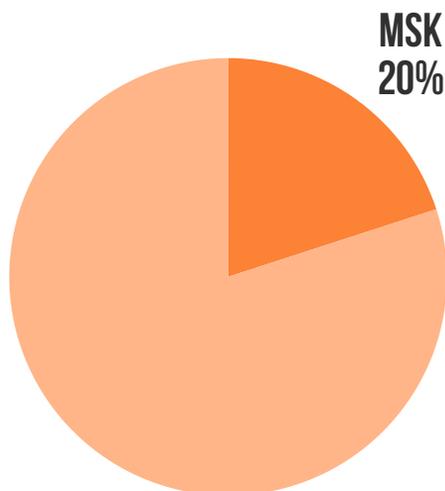


**57%**  
OF PATIENTS  
10-16 YEARS  
OLD

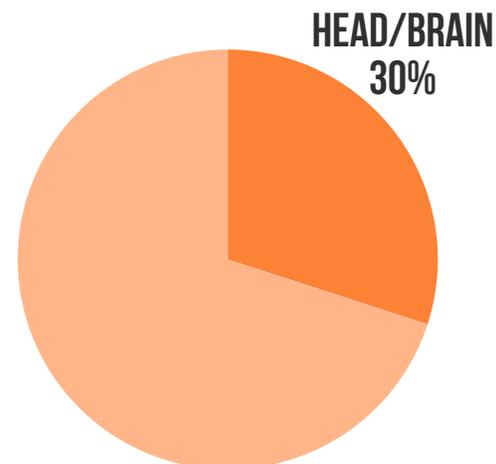
# INJURY MECHANISMS

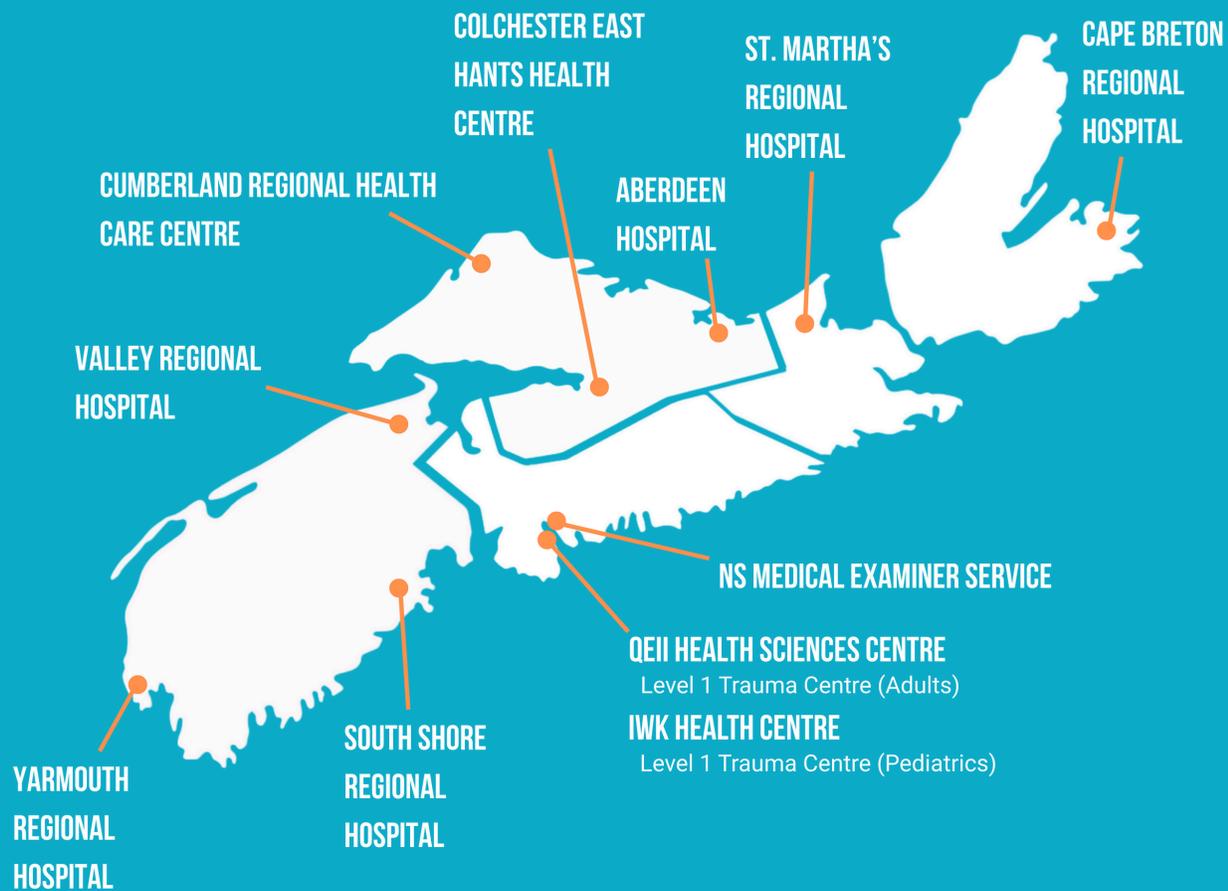


**52%** OF INJURIES WERE CAUSED BY MOTOR VEHICLE COLLISIONS (26%) AND ATV/DIRTBIKES (26%)



**THE MOST COMMON INJURIES SUSTAINED BY TRAUMA PATIENTS WERE HEAD/BRAIN INJURIES (30%) AND MUSCULOSKELETAL (20%)**





# NOVA SCOTIA TRAUMA REGISTRY

The Nova Scotia Trauma Registry (NSTR) is an essential component of a successful trauma system as it allows for timely evaluation, research, and monitoring of trauma care, and can be used for outreach, planning, and improvement.

Since April 2000, the NSH Trauma Program has identified and collected data on all major trauma patients seen at the two Level 1 trauma centers in Halifax (QEII Health Sciences Centre and IWK Health Centre), the 8 regional hospitals across Nova Scotia, and from the Nova Scotia Medical Examiner Service. This information is stored in the NSTR, a comprehensive population-based data base that houses over 22,000 records of the most severely injured patients with the capacity to collect over 2200 data elements per record. The NSTR is a valuable resource that enables the NSH Trauma Program to conduct quality assurance, engage in injury surveillance, and research and develop injury prevention and control strategies. In addition, the NSTR allows administrators and clinicians to engage in evidence-based decision-making, policy development, and program planning.

In 2024/25, the NSH Trauma Program received 8 requests for access to data from the NSTR; these requests ranged from ongoing partnership studies to research studies investigating various topics including drowning injuries and falls resulting in major traumas.

# TRAUMA CONSULT SERVICE

Major trauma patients in Nova Scotia and complex cases from NB and PEI are transferred to the QEII ED and admitted to various services including Orthopedics, General Surgery, Critical Care, Thoracic Surgery, and Neurosurgery. The Trauma Consult (TC) Service bridges these services, enhancing coordination, patient access and flow through the healthcare system.

Following its launch in late 2022, the TC Service continued to grow in 2024, driven by rising trauma team activations and the care gaps identified through the program's early work. To better support patients, the team welcomed a full-time physiotherapist to provide early mobilization helping individuals regain mobility, strength, and regain independence more quickly. A 0.5 FTE social worker joined to guide patients and families through the emotional, social, and practical challenges of recovery, while a 0.5 FTE pharmacist began managing complex medication needs from the point of trauma resuscitation through inpatient stay to discharge. The service also strengthened its network of care by establishing weekly collaborations with Geriatrics and Physiatry, enhancing support for older adults and improving rehabilitation planning.

The TC Service continues to ensure all injuries are identified and documented, tertiary surveys are completed promptly, and all required services are engaged early. By streamlining admissions, initiating early rehab and mental health pathways, assisting with discharge planning, and following patients through the Virtual Follow Up Clinic, the TC Service delivers coordinated, patient-centered care from arrival to recovery.

The Virtual Follow Up Clinic allows trauma patients to connect with the TC Service after discharge using a secure online platform; improving access to care for patients across the Maritimes. Initially launched as a trial for trauma patients who were discharged directly from the Emergency Department, the program has since expanded to include all patients discharged from the QEII ED & inpatient units. This broader reach ensures continuity of care, supports recovery at home, answers any questions patients may have following the first few days back at home, and reduces the potential for patients to access care elsewhere following discharge.

# IWK TRAUMA PROGRAM

The IWK Trauma Program continues to provide specialized multidisciplinary trauma care to children and youth under the age of 16 who have suffered a traumatic injury. The IWK accepts major trauma patients for care from Nova Scotia, Prince Edward Island, and New Brunswick.

## PROGRAM UPDATE

The IWK Trauma Program welcomed the increase in FTE for the Trauma Coordinator role in October 2024. This role was increased from 0.5 FTE to 1.0 FTE. Our Trauma Coordinators are Melanie Doyle (0.8 FTE) and Kelsey Plouffe (0.2 FTE).

Dr. Jason Emsley continues in his role as Medical Director, IWK Trauma Program, and Sarah Grant is the Manager of the IWK Emergency Department, Trauma Program, and Atlantic Poison Centre. Nicole Poplar, Administrative Assistant to Sarah Grant, provides support to the Trauma Program as needed.

We welcomed 3 new Trauma Team Leaders (TTL) to our pool this year. There are now a total of 15 TTLs at the IWK, from various disciplines, including General Surgery, Intensive Care, and Emergency Medicine. The TTL group provides 24/7 coverage for trauma patients, and there have been no gaps in coverage this year.



# ADULT TRAUMA EDUCATION

Trauma Nova Scotia is proud of the growth, collaboration, and provincial outreach achieved by our education program over the past year. Under the leadership of our Medical Director of Education, Dr. James Gould, and Provincial Education Lead, Jenna Faulkner, we have strengthened trauma education across Nova Scotia and beyond. Our team remains dedicated to finding innovative, inclusive, and consistent ways to deliver high-quality, evidence-based trauma education across the province.

## ADVANCED TRAUMA LIFE SUPPORT

The Advanced Trauma Life Support (ATLS) course, developed by the American College of Surgeons (ACS), provides clinicians worldwide with a structured approach to the initial resuscitation of trauma patients.

We offer the 10<sup>th</sup> Edition Hybrid course in Halifax, NS for practitioners from across the country. Notably, we remain the only ATLS Site in North America to use clinical grade cadavers as part of the skills training.

ATLS certification is available to staff physicians, residents, nurse practitioners, and physician assistants. There are limited auditor seats available for other healthcare practitioners involved in trauma care.

In 2024, we welcomed Dr. Christopher Blackmore as our newest ATLS Educator. Dr. Blackmore is a pediatric surgeon at the IWK Health Centre in the Division of Pediatric General and Thoracic Surgery. He had a master's in adult education and is a longstanding ATLS Instructor. We are thrilled to have the expertise of Dr. Blackmore as our new ATLS Educator to further strengthen our program.



## ATLS COURSES PROVIDED BETWEEN APRIL 2024 AND MARCH 2025:

- 6 Hybrid ATLS Courses
- 3 Refresher Courses
- 1 ATLS Instructor Course



## PROVINCIAL TRAUMA COURSE

From September to November 2024, our education team travelled across the province, delivering the Provincial Trauma Course (PTC) to 13 sites; spanning all four zones and including both community and regional hospitals.

This interprofessional eight-hour day consists of simulation, skills stations, and group case-study discussions. The comparison of pre-course and post-course evaluations showed a remarkable increase in participants' comfort and confidence in trauma care.

### PARTICIPANT FEEDBACK HIGHLIGHTS THE VALUE OF THIS COURSE:

**"I loved that it incorporated multiple fields - nurses, physicians, RTs, medics." – RN**

**"Great course structure and presentation of information. I learned a ton of new things that I plan to implement into my clinical practice." – Respiratory Therapist**

**"This course is amazing - takes the ATLS principles and makes them applicable to rural ED." – Staff Physician**

We are grateful for the partnership of EHS Simulation and EHS LifeFlight in delivering this course. This course continues to be CME-accredited through the Dalhousie University CPDME office.

Our team looks forward to continuing to bring this valuable education to sites province-wide in 2025.



## RESIDENT TRAUMA TEAM LEADER BOOTCAMPS

Our resident trauma team leader (rTTL) bootcamps support second- and third-year residents as they transition to the role of rTTL and prepare to lead trauma team activations at the QEII.

Sessions include an introduction to the trauma team, crisis resource management discussions, high-fidelity simulation scenarios, and cadaver-based skills training. Skills covered include advanced airway management, chest decompression, surgical airway, intraosseous access, and ED thoracotomy.

This year, in addition to sessions for emergency medicine and general surgery residents, we launched a dedicated rTTL bootcamp for anesthesia residents and a modified bootcamp for the orthopedic resident group.

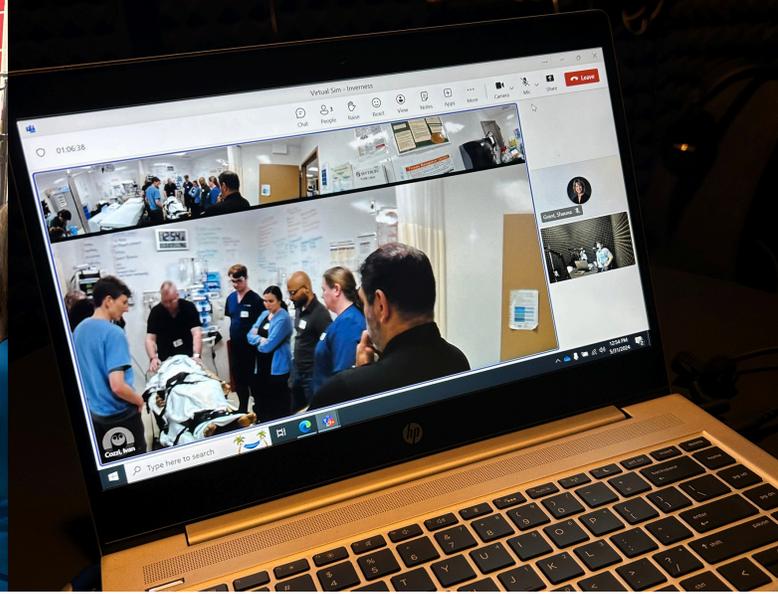
## TRAUMA TEAM LEADER CADAVER SKILLS

In 2024, we introduced dedicated TTL Cadaver Skills Session Days. Five sessions were offered, allowing all TTLs to refine and practice high-acuity, low-occurrence trauma procedures, share knowledge, and foster consistency among the group.

## VIRTUAL SIMULATION

In partnership with Dr. Tania Sullivan and the Provincial Simulation Project, Dr. Gould and Jenna Faulkner hosted three pilot virtual trauma simulations with rural emergency department teams in the Eastern Zone.

This work marks the early stage of our goal to expand virtual trauma education across the province. We look forward to growing these offerings and focusing on virtual education solutions through 2025/2026.



## TRAUMA ROUNDS

Monthly interprofessional trauma rounds continue to bring together trauma care providers from across Nova Scotia, and beyond, for interactive sessions led by experts from diverse trauma-related backgrounds. These rounds support ongoing learning and collaboration throughout our trauma community.

### TRAUMA ROUNDS OVER THE LAST YEAR INCLUDE:

- *Small moments matter: cultivating culture for high performance.* Presented by Dr. Eve Purdy.
- *Difficult Airway Management Cases in Trauma.* Presented by Dr. Nick Sowers.
- *TRAUMA-ING: Ask me anything.* Presented by Dr. James Gould & Dr. Rob Green
- *In the Neck of Time: Management of Blunt and Penetrating Neck Trauma.* Presented by Dr. Sean Hurley.
- *Navigating the Storm: Optimizing Teamwork in the Trauma Bay.* Presented by Dr. Luis Da Luz.
- *From Sabotage to Celebration: Lessons Learned from Trauma Video Review.* Presented by Dr. Winny Li.
- *Pre-Hospital and Trauma Bay Management of Major Lower Extremity Trauma.* Presented by Dr. Adam Harris.
- *Burns 101 for the Emergency Department.* Presented by Dr. Jack Rasumssen.

Previously recorded webinars are always available to watch on the [NSH Trauma Program website](#).



In September 2024, Dr. James Gould and Dr. Rob Green launched a one-of-a-kind trauma podcast: TRAUMA-ING. There are currently 17 episodes featuring top-tier trauma experts available for listening.

Since launching, TRAUMA-ING has garnered consistent praise, holding a 5-star rating on Apple Podcasts, and solid traction across Spotify, Amazon Music, and YouTube. According to Rephonic, we averaged hundreds of listeners per episode, with a steady upwards trend in downloads and audience engagement. These numbers, modest by some standards, but meaningful to us, reflect an engaged community keen on evidence-based trauma practices.

As hosts, we're proud to see TRAUMA-ING sparking real conversations in trauma care. The show routinely ranks in medical podcast charts regionally, and our content is shared at rounds, conferences, and among clinicians locally and nationally.

Looking ahead, we plan to broaden our reach with deeper journal clubs, multi-disciplinary panels, and real-world case reviews, keeping the focus firmly on improving patients outcomes. A huge thank you to all our guests - your expertise, candor, and energy have significantly enriched each episode and elevated the educational impact of the series.

Thank you for listening, sharing, and growing with us. Your support fuels our drive to innovate trauma education and elevate frontline care. Stay tuned for more episodes which can be found on our [website!](#)



# PEDIATRIC TRAUMA EDUCATION

## IWK TRAUMA ROUNDS

Multidisciplinary Trauma Rounds continued this year, with all sessions presented virtually over Teams. They were also presented nationally to the Canadian Pediatric Trauma Rounds group by Dr. Ursula Laskowski, IWK TTL.

### IWK TRAUMA ROUNDS TOPICS INCLUDED:

- *Simulation and Trauma Education*
- *Medical Provider Perception of Parental Response to Grief*
- *The IWK Trauma Program, Innovations and Future Plans*

## TRAUMA SIMULATION

Four high-fidelity Trauma Simulation cases were held in the IWK Emergency Department Trauma Room. Trauma simulation includes a multidisciplinary team including TTLs, RRTs, Residents, ED Nurses, Ward Clerks, and also includes collaboration with other services such as Blood Bank and Diagnostic Imaging. Two trauma simulation cases were also run for non-TTL ED physicians this year.

Thank you to Dr. Jessica Mills for her continued dedication to the trauma simulation program and thank you to the IWK Simulation Program for your support!





## TRAUMA ASSOCIATION OF CANADA CONFERENCE

The Trauma Association of Canada Annual Conference was held in Halifax in May 2024. The pediatric stream of this program was a panel session, discussing Pediatric Pain Management in Trauma. This session was moderated by Melanie Doyle with Dr. Jason Emsley as one of the panelists. Other panelists included Dr. Stuart Wright, Nicole Mackenzie, and Holly Murphy. Thank you for your work in making this session so successful!

## TRAUMA RESUSCITATION IN KIDS COURSE

The Trauma Resuscitation in Kids (TRIK) course was held for the first time in Halifax in May 2024. This course is a 2-day simulation-based course on pediatric trauma. The course was attended by 17 physicians and 6 nurses. It was well-received by all learners.

Drs. Ursula Laskowski and Jason Emsley recently completed TRIKK Instructor training and planning is underway for another courses in the upcoming year.



# QEII TRAUMA RESEARCH

Our research priorities have been to evaluate the TC Service at the QEII and determine the impact on trauma patient outcomes and key performance indicators (KPIs). We assessed satisfaction with the TC Service and the Virtual Follow-Up Clinic among trauma care providers and major trauma patients. Additionally, we have conducted a longitudinal survey of burnout among TTLs and members of the TC Service to determine whether self-reported burnout levels are decreasing over time following TC Service implementation.

Furthermore, we investigated all-terrain vehicle traumas, burn trauma, traumatic cardiac arrest, and rural trauma. We are collaborating with physicians and other researchers locally and nationally on violence against women (VAW), ICU mobilization, and hip fractures. In addition, we performed several rapid reviews to inform clinical trauma practice at the QEII HSC and conducted needs assessments to inform our programming.

## TIME TO DEFINITIVE CARE PROGRAM

Our team has launched a study to investigate the impact of time and access to care on outcomes for major trauma patients. In collaboration with partners including Emergency Health Services and rehabilitation services, our team has developed a research protocol and coordinated access to key data sources. This work will inform strategies to reduce prehospital times, enhance access to trauma care, and improve patient outcomes. This research has received funding from the Nova Scotia Health Research Fund.

## PRESENTATIONS

### Trauma Association of Canada Annual Scientific Meeting & Conference

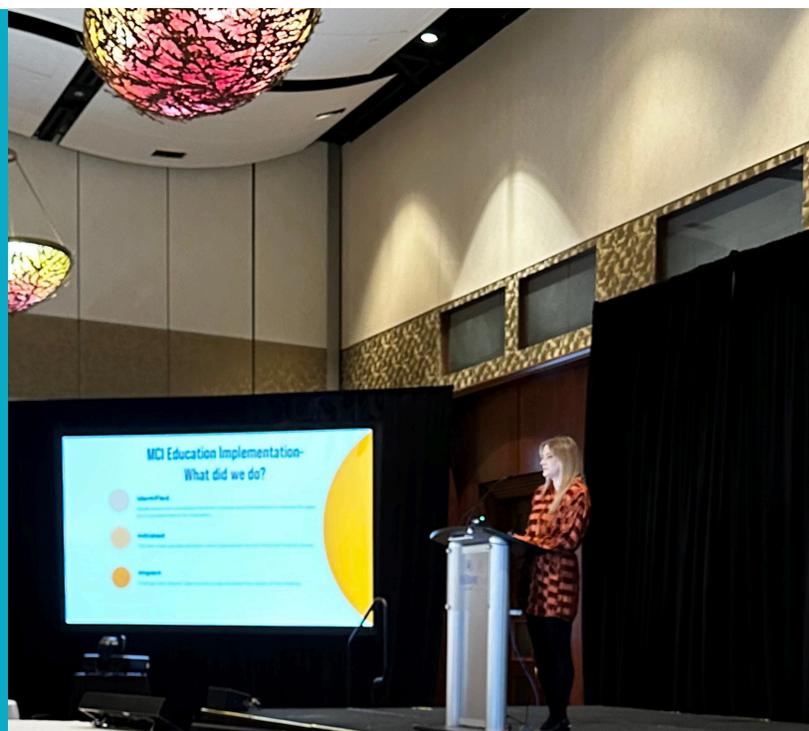
- May 2024 in Halifax, we had two oral presentations and nine posters presented.
- March 2025 in Gatineau, Quebec, we had three oral presentations and one poster presented.

### 2024 NSH Quality Summit

- Presented our project titled Evaluating the Level of Mass Casualty Preparedness at Nova Scotia Health.

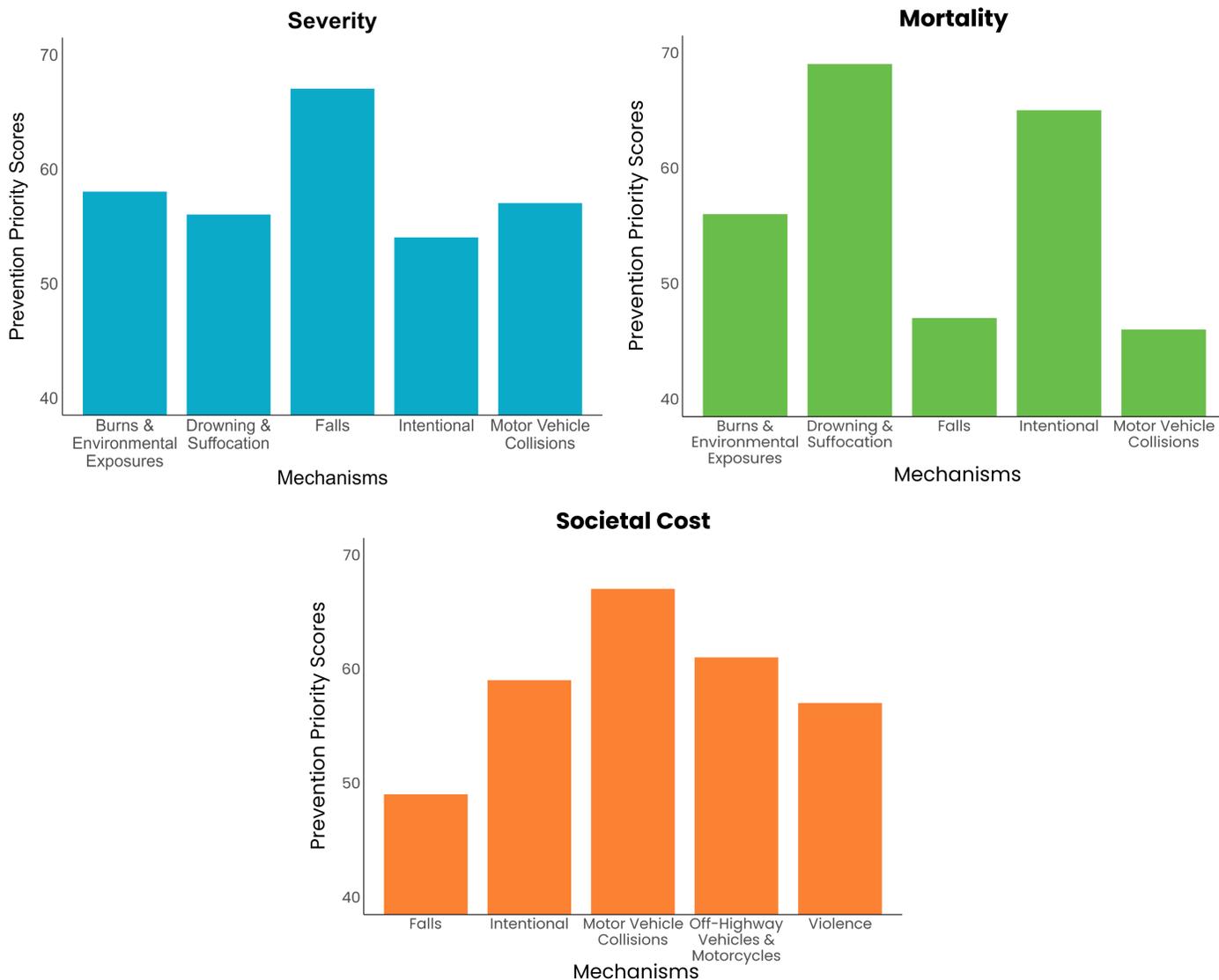
### MSSU Health Research Summit

- Presented on engagement strategies for injury prevention priorities.



# INJURY AND TRAUMA PREVENTION

Injury prevention is a key and growing part of our trauma program. Currently, Trauma Nova Scotia has been investigating priorities with prevention scores. Prevention Scores are calculated by grouping injuries based on the mechanism, then standardizing and adding frequencies to a metric of interest, such as severity. We are happy to share the first iteration of Prevention Scores based on trauma data from April 2016 - March 2023.



## PREVENTION PROJECTS:

**Summer 2024: Water Safety**  
<https://www.trauma-ns.com/water-safety>

**November 2024: Fall Prevention**  
<https://www.trauma-ns.com/falls>



# RESEARCH PUBLICATIONS:

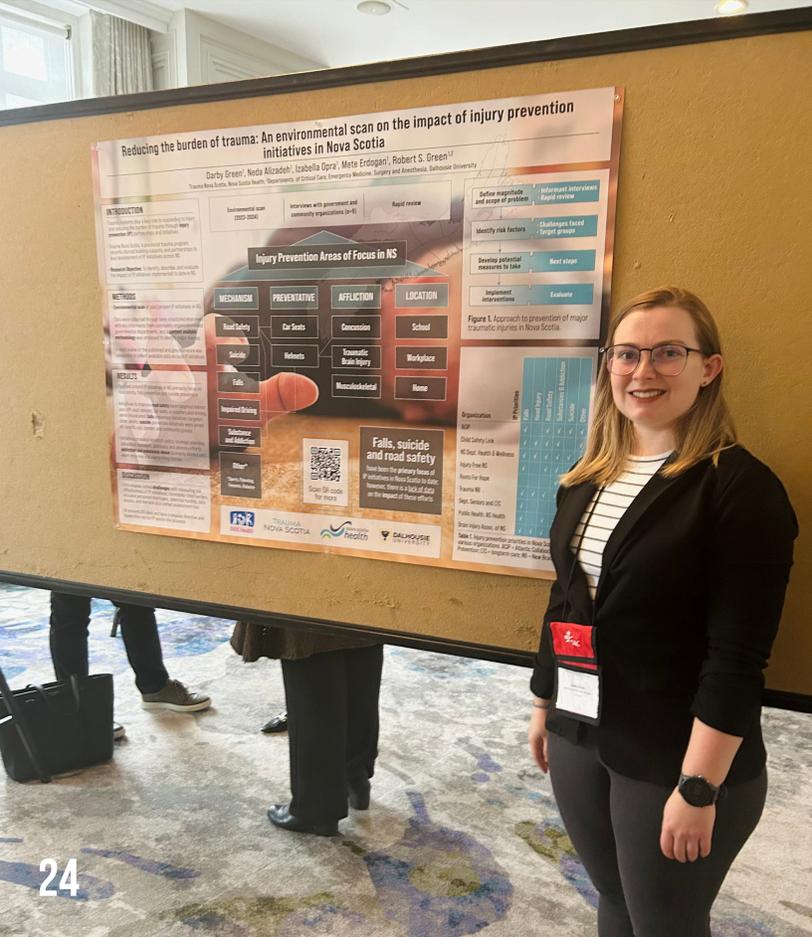
Yakubovich AR, Steele B, Cullum J, Johnson CP, Parker LN, Wilson SJ, Green R, Fashan S, Burgess S, Rose AE. Health system preparedness to respond to domestic and sexualized violence: A cross-sectional survey in Nova Scotia, Canada. *Prev Med Rep.* 2025;53:103058. doi: 10.1016/j.pmedr.2025.103058.

Nunn J, Rasmussen J, Kureshi N, Green RS, Erdogan M. Increased prehospital mortality in patients with combined burns and trauma in Canada: Analysis of a provincial trauma registry database. *Burns.* 2024 Dec 26;51(2):107363. doi: 10.1016/j.burns.2024.10763. Epub ahead of print.

Kureshi N, Walling S, Erdogan M, Opra I, Green RS, Clarke DB. Alcohol is a risk factor for helmet non-use and fatalities in off-road vehicle and motorcycle crashes. *Eur J Trauma Emerg Surg.* 2024 Jun 18. doi: 10.1007/s00068-024-02572-1.

Green RS. Alcohol and drug impairment in off-road vehicle crashes. *CJEM.* 2024 May;26(5):295-296. doi: 10-1007/s43678-024-00702-7.

McIver R, Erdogan M, Parker R, Evans A, Green R, Gomez D, Johnston T. Effect of trauma quality improvement initiatives on outcomes and costs at community hospitals: A scoping review. *Injury.* 2024 Jun;55(6):111492. doi: 10.1016/j.injury.2024.111492.



## STUDIES IN PROGRESS:

Green RS, Green D, Harris A, Gillis B, Sturge S, Cashen D, Ferguson H, Opra I. Impact of a dedicated trauma consult service of burnout levels among physicians and nurses; a longitudinal survey.

Green RS, Green D, Hannah M, Opra I, Jensen JL, Kureshi N, Goldstein J. Outcomes in patients with traumatic cardiac arrest in Nova Scotia: a retrospective evaluation. Sub-study on epidemiology.

Green RS, Daneff M, Opra I, Hurley S, Gillis B, Sturge S, Cashen D, Green D. A survey evaluation of provider and patient satisfaction following implementation of a dedicated trauma consult service.

Green D, Opra I, Jessula S, Emsley J, Green RS. Using Injury Prevention Priority Scores to Investigate Traumatic Injuries in Nova Scotia.

Green RS, Salsman S, Goldstein J, Emsley J, Hurley S, Clarke D, Opra I, Kureshi N, Swain J, Christie S, Green D, Daneff M. Time to Definitive Care and Clinical Outcomes of Trauma Patients in Nova Scotia.

McFadden B, Opra I, Green RS. The impact of early consultation by a Physical Medicine & Rehabilitation Physician on outcomes of critically ill patients: A scoping review.

Green D, Jensen JL, Goldstein J, Opra I, Green RS. The Epidemiology of Major Traumatic Fall Injuries in Nova Scotia: A Retrospective Evaluation.

Green RS, Opra I, Hurley S, Gillis B, Sturge S, Cashen D. Effect of a dedicated trauma consult service at the QEII HSC: a pre-post evaluation of trauma outcomes, key performance indicators and healthcare costs.

Green D, Daneff M, Opra I, Green RS. Injury Prevention for Traumatic Injuries in Canada: Scoping Review.

Green RS, Opra I, Salsman S, Searle S. The effects of early mobilization on critically ill patients.



# IWK TRAUMA RESEARCH

Dr. Jason Emsley is also the Medical Director of the Research Program for the IWK Emergency Department.

## RESEARCH PUBLICATIONS:

Sadoway A, Kinden R, Erdogan M, Kureshi N, Johnson M, Green RS, Emsley JG. Epidemiology and factors associated with mortality among pediatric major trauma patients in Nova Scotia: A 17-year retrospective analysis. *Injury*. 2024 Jun;55(6):111484. doi: 10.1016/j.injury.2024.111484

Kinden R, Sadoway A, Erdogan M, Kureshi N, Johnson M, Green RS, Emsley JG. Pre-hospital mortality among pediatric trauma patients in Nova Scotia. *CJEM*. 2024 Mar;26(3):166-173. doi: 10.1007/s43678-023-00636-6.

## STUDIES IN PROGRESS:

- Pediatric pre-hospital transfer times and outcomes in pediatric trauma (Resident Lead: Dr. Emma Bodnar)
- Paramedic readiness for managing pediatric trauma (Resident Lead: Dr. Casey Jones)
- Emergency department staff awareness if human trafficking (Resident Lead: Dr. Breanna Hargreaves)
- Effect of trauma team activations on departmental flow (Resident Lead: Dr. Casey Jones)
- Pre-hospital transport times and outcomes: a comparative study (Collaboration with University of Cape Town)
- Pediatric trauma team leader training in Canada: a scoping review (Collaboration with SickKids, University of Toronto)



# QUALITY INITIATIVES AT THE QEII

The Trauma Quality Improvement and Safety (QIS) Council plays a vital role in supporting excellence in trauma care across Nova Scotia. Bringing together staff, physicians, patient representatives, learners, and system partners.

The Council is co-lead by Dr. Sean Hurley and Breanne Gillis and provides leadership oversight for quality and safety initiatives, identifies priority areas for improvement, and holds the program accountable to performance metrics.

Over the past year, the Council has advanced numerous initiatives to improve care, including leading and co-leading multiple case reviews and morbidity and mortality rounds in collaboration with departments, specialties, and hospitals across the province. A novel debriefing service was introduced to support teams following complex trauma cases, further strengthening our culture of learning and safety. The Council also showcased seven poster presentations at the NSH Quality Summits and led multiple quality projects aimed at enhancing care throughout the patient journey, from EHS handover to medical examiner review pathways.

Through these efforts, the Council continues to foster a culture of accountability, collaboration, and innovation to ensure people-centered, high-quality, and safe trauma care for Nova Scotians.



# QUALITY INITIATIVES AT THE IWK

## IWK TRAUMA QPS COMMITTEE

The IWK Trauma QPS Committee meets regularly to review select cases. The committee works to identify problems or issues and provides feedback for ways to improve processes. The Trauma Program will continue to hold quarterly Trauma QPS Committee meetings, and the Trauma Coordinator and Medical Director will work closely with the IWK Quality and Improvement Consultant to improve processes within the Trauma Program.

## TRAUMA NURSE CHAMPION GROUP

The Trauma Nurse Champion Group has continued this year, with the addition of some new nurses to the group. We have a total of 6 ED nurses forming the Trauma Nurse Champion Group, who work to identify any issues or gaps to bring to the Trauma Coordinator. This group has been working, along with Kelsey Plouffe, to provide “rapid” education sessions to ED nursing staff on shift. Work is also in progress by the group for upcoming trauma education days for nursing staff in the ED.



# AWARDS & RECOGNITIONS

## CCHL EXCELLENCE IN PATIENT EXPERIENCE AWARD

The Trauma Consult Service was the 2024 recipient of the Canadian College of Health Leaders Excellence in Patient Experience Award. This award is focused on honouring organizations/individuals who have set in place innovations that improve the human experience in healthcare.

## NSH QUALITY AWARD FOR EXCELLENCE IN PATIENT EXPERIENCE

The Trauma Consult Service was the 2024 recipient of the Nova Scotia Health Quality Award for Excellence in Patient Experience. This award recognizes individuals/teams committed to improving patient safety within healthcare, through leadership, culture, best practices, innovation, or change management.

## INNOVATION DEN

In November 2024 Bree Gillis and Dan Cashen presented at the QEII Foundation's second annual Innovation Den and earned the "One to Watch" award for our TraumaLink project.

With TraumaLink, we're bringing in-situ trauma simulation training to community and rural sites across the province using virtual technology. This approach will significantly reduce travel costs for simulation leaders, optimize physician time, and eliminate the need for additional physician coverage for those travelling. It will also ensure that clinicians outside of Nova Scotia Health's Central Zone are properly trained to handle trauma cases which will improve patient care, increase the chances of survival, and enhance the overall effectiveness of trauma care provincially.



# TRAUMA CARE DISTINCTION AWARDS

These awards are given to healthcare professionals and members of the Nova Scotian community who demonstrated exceptional dedication in helping to provide vital care to severely injured trauma patients.



## RESUSCITATION CHAMPIONS

*Presented to healthcare providers who help with difficult resuscitations or handling multiple trauma resuscitations simultaneously in a calm, professional manner*

### RECIPIENTS

**Dr. George Kovacs**

## TEAMWORK CHAMPIONS

*Presented to healthcare providers that effectively liaise with the Trauma Consult Service to provide excellent care to trauma patients*

### RECIPIENTS

**Dr. Erik Mandawe, Angelena Kuhn, Brian Cho,  
Jan Diwag**



To date, we have recognized the efforts of 7 Resuscitation Champions, 5 Mobilization Champions, 7 Teamwork Champions, and 5 Community Trauma Heroes with Trauma Care Distinction Awards.

# TRAUMA NOVA SCOTIA AWARDS

In 2023, we held the inaugural Trauma Nova Scotia Awards to recognize our program's key contributors who help us be consistent with our vision of being a nationally recognized leader in integrated trauma care, incorporating patient-centered clinical excellence, innovative education, practice-changing research, and reflective health care policy.

We are proud to present the winners of the 2025 Trauma Nova Scotia Awards for their contributions during the 2024/25 year.

**TOP TRAUMA EDUCATION SESSION**  
DOUG DENIKE

**MOST SUPPORTIVE PERSON**  
ERICA SPINNEY

**TOP RESIDENT PROVIDER**  
DR. AC LAMPORT

**IWK ALLIED HEALTH  
TRAUMA PROVIDER**  
KELSEY PLOUFFE

**ALLIED HEALTH TRAUMA  
RESUSCITATION PROVIDER**  
PETER HICO

**DR. METE ERDOGAN  
RESEARCH AWARD**  
DR. JUDAH GOLDSTEIN

**INPATIENT TRAUMA PROVIDER**  
TARA MERCIER

**IWK HEALTH PEDIATRIC TRAUMA  
PHYSICIAN OF THE YEAR**  
DR. KIRSTIN WEERDENBURG

**COMMUNITY TRAUMA PHYSICIAN**  
DR. SUSIE EGAR

**TRAUMA NOVA SCOTIA  
PHYSICIAN OF THE YEAR**  
DR. SEAN HURLEY

# OUR PEOPLE

## TRAUMA NOVA SCOTIA STAFF

### DR. ROBERT S. GREEN

Senior Medical Director

### BREANNE GILLIS

Director

### DR. JASON EMSLEY

IWK Medical Director

### DR. JAMES GOULD

Medical Director - Provincial  
Education

### DR. SEAN HURLEY

Quality Physician Lead

### KENZIE MACLEAN

Manager

### JENNA FAULKNER

Education Coordinator

### IZABELLA OPRA

Research & Statistics Officer

### DARBY GREEN

Research Associate

### MIRIAM DANEFF

Research Associate

### MELANIE DOYLE

IWK Trauma Coordinator

### KELSEY PLOUFFE

IWK Trauma Coordinator

### GINA BOONSTRA

Trauma Registry Coordinator

### CHANTEL KING

Trauma Registry Informatics  
Specialist

### ABBEY SARTY

Trauma Registry Informatics  
Specialist

### ERICA SPINNEY

Administrative Assistant

### ALYSSA VAILLANCOURT

Administrative Assistant

### NATALIE BERRY

Simulation Assistant

## QEII TRAUMA CONSULT SERVICE STAFF

### DR. ROBERT GREEN

TC Service Physician

### DR. JAMES GOULD

TC Service Physician

### DR. ADAM HARRIS

TC Service Physician

### DR. SEAN HURLEY

TC Service Physician

### DR. GRAEME MCBRIDE

TC Service Physician

### DR. NICK SOWERS

TC Service Physician

### SARAH STURGE

TC Service Clinical Lead

### ALEX MACLEOD

TC Service Nurse

### DELIA SCHULZE

TC Service Nurse

### CONNOR GARAGAN

TC Service Nurse

### BRAD DREIMANIS

TC Service Nurse

### DAVID HERSEY

TC Service Nurse

### STEVE BURKE

TC Service Nurse

### KIM JOYCE

TC Service Nurse

### JOELLE GRANT

TC Service Nurse

### CRYSTAL UPSHAW

TC Service Nurse

### RYAN MITCHELL

TC Service Nurse

### LISA MESSERVEY

TC Service Social Worker

### TARA MERCIER

TC Service Physiotherapist

### ALEX SMITHERS

TC Service Pharmacist

### EMILY TUCKER

TC Service Clerk

## SPECIAL THANKS TO OUTGOING STAFF

### DR. METE ERDOGAN

Research & Statistics Officer

### DAN CASHEN

Director

### JEN AYRES

TC Service Nurse

## IWK TRAUMA TEAM LEADERS

### DR. JOHN ARMSTRONG

Pediatric Emergency Medicine, Trauma

### DR. CHRIS BLACKMORE

Pediatric General Surgery, Trauma

### DR. MADELINE BOHRER

Pediatric Critical Care, Trauma

### DR. DAFYDD DAVIES

Pediatric General & Thoracic Surgery, Trauma

### DR. JASON EMSLEY

Pediatric Emergency Medicine, Trauma

### DR. RYAN HENNEBERRY

Pediatric Emergency Medicine, Trauma

### DR. NICK HUMPHREYS

Pediatric Emergency Medicine, Trauma

### DR. KATRIA HURLEY

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### DR. URSULA LAKOWSKI

Pediatric Emergency Medicine, Trauma

### DR. CHRIS MCCROSSIN

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### DR. KAREN MILFORD

Pediatric General Surgery, Trauma

### DR. JESSICA MILLS

Pediatric General & Thoracic Surgery, Trauma

### DR. JAMES NUNN

Pediatric Emergency Medicine, Trauma

### DR. BRETT PLOUFFE

Pediatric Emergency Medicine, Trauma

### DR. KIRSTEN WEERDENBERG

Pediatric Emergency Medicine, Trauma

## QEII TRAUMA TEAM LEADERS

### DR. MIKE BIDDULPH

Orthopedic Surgery, Trauma

### DR. DAFYDD DAVIES

Pediatric General & Thoracic Surgery, Trauma

### DR. JASON EMSLEY

Emergency Medicine, Trauma

### DR. DANNY FRENCH

Thoracic Surgery, Trauma

### DR. JAMES GOULD

Emergency Medicine, Trauma

### DR. ROBERT GREEN

Critical Care, Trauma

### DR. ADAM HARRIS

Emergency Medicine, Trauma

### DR. RYAN HENNEBERRY

Emergency Medicine, Trauma

### DR. SEAN HURLEY

Emergency Medicine, Trauma

### DR. SAM JESSULA

General Surgery, Trauma

### DR. GRAEME MCBRIDE

Anesthesia, Trauma

### DR. SAM MINOR

General Surgery, Trauma

### DR. MATT SMITH

Vascular Surgery, Trauma

### DR. NICK SOWERS

Emergency Medicine, Trauma

### DR. LAURA WADE

Emergency Medicine, Trauma

## SPECIAL THANKS TO OUTGOING TRAUMA TEAM LEADERS

### DR. GEORGE KOVACS

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### DR. MARY-LYNN WATSON

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## TRAUMA NOVA SCOTIA



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