Rural Site Visits Project

Brown Bag Lunch

January 23, 2020

Rural Coordination Centre of BC

Enhancing rural health through education and advocacy

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Acknowledgments

- The land on while we gather is the traditional unceded territory of the Lheidli T’enneh Nation.

- This project is funded by the Joint Standing Committee (JSC) on rural issues.

- Thank you to all the physicians, nurse practitioners, municipality members, First Nations leadership, and health administrators who have participated to date.

Disclosures

- We have nothing to disclose.
- No conflicts of interest to declare.

Who We Are

Rural Coordination Centre of BC

Enhancing rural health through education and advocacy

The Rural Coordination Centre of BC (RCCbc)

- Aims to improve the health of rural patients and communities
- Assist rural health through education, advocacy, and building relationships

The Joint Standing Committee on Rural Issues (JSC)

- Established in 2001
- Representatives from Doctors of BC, the Ministry of Health and Health Authorities
- Advises the BC government and Doctors of BC on matters pertaining to rural medical practice
- Goal is to enhance the availability and stability of physician services in rural and remote areas of BC

Introduction

- The Rural Site Visit project – funded by the Joint Standing Committee on Rural Issues (JSC) seeks to connect with all 201 RSA communities between 2017 and 2020.

- The purpose is to hear directly from community members about their thoughts surrounding health care delivered in BC.

- Information used to:
  - Better inform policy and program development
  - Build stronger direct relationships between the JSC and rural health providers
  - Build relationships directly with those on the ground

Who We Meet With

- Physicians
- Nurse Practitioners
- Midwives
- Health Administrators
- First Nations
- Community Members (Municipal, Fire Chiefs, Community Paramedics, Health Organizations)

Summary of Work*

COMMUNITIES VISITED

95 out of 201 Communities Visited

47%

26 Months

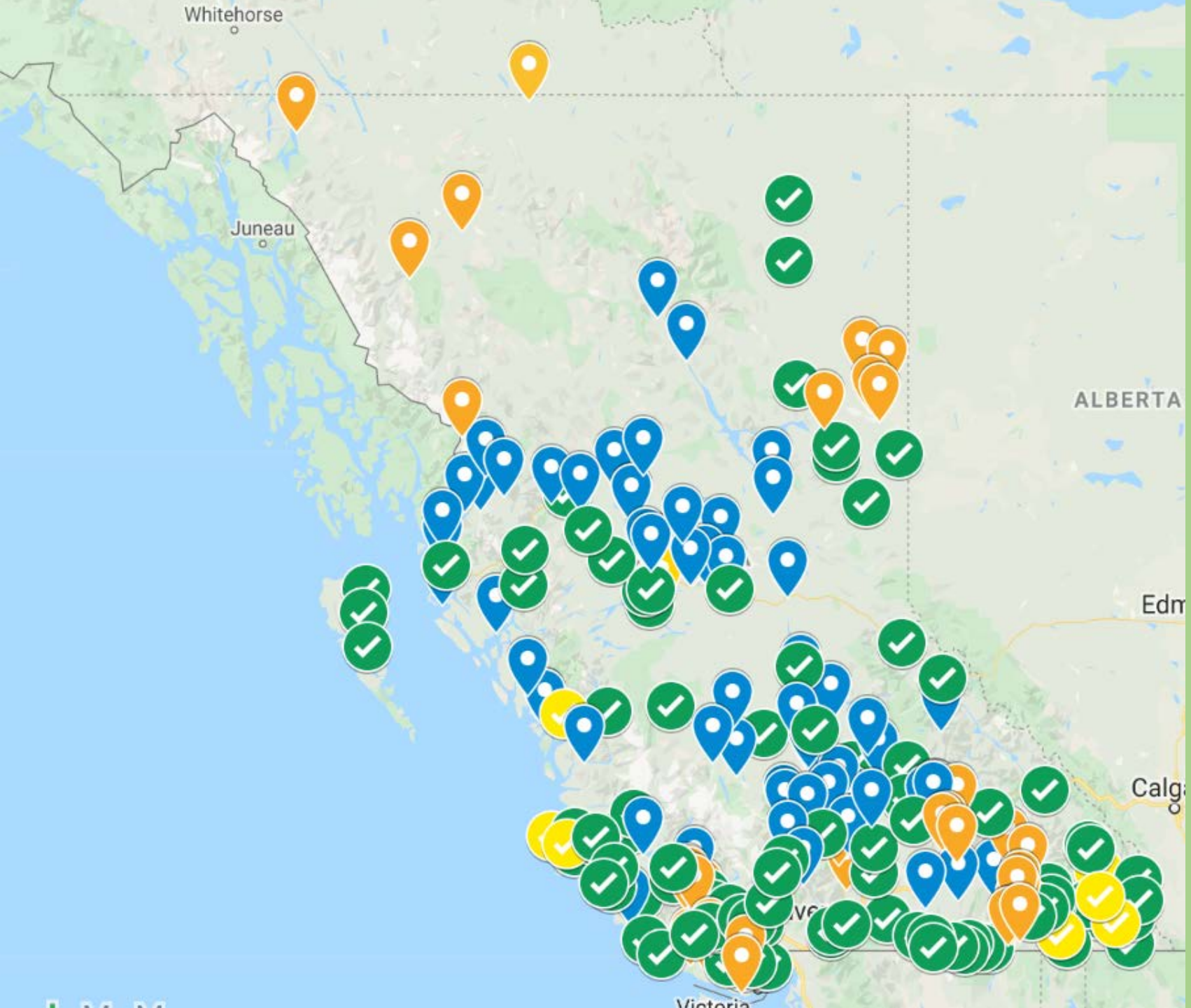
Estimated time to complete Site Visits Project

NUMBER OF MEETINGS

319

Physicians	83
Administrators	62
Municipal/Community	74
First Nations	39
NPs	19
Midwives	6
Group	36

*January 2017-December 2019



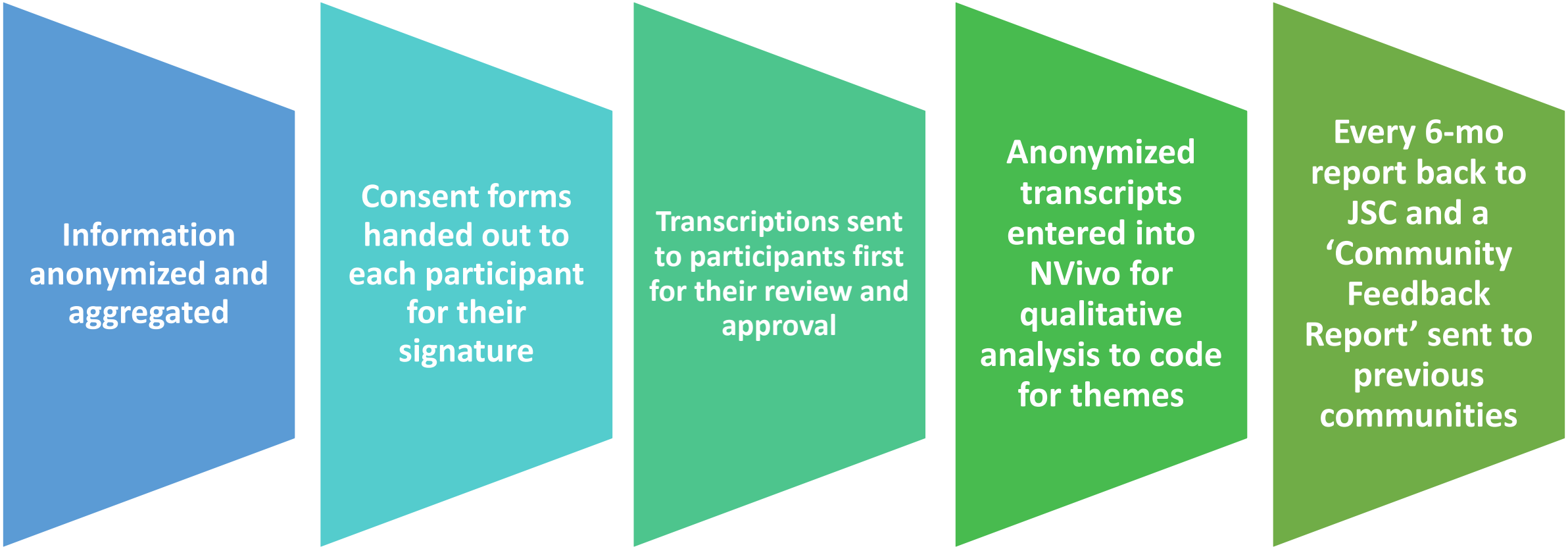
Site Visits To Date

Green: Complete
Orange: Planning
Yellow: No Services
Blue: To Visit

Upcoming trips:
Prince George
Denman/Hornby
Comox Valley
Chemainus/Penelakut Island
Fruitvale/Rossland

Ethics Process

- Participation is voluntary
- Approved through the UBC Harmonized Research Ethics Board and operational approval from each Health Authority
- Follows OCAP (Ownership, Control, Access, & Possession) principles



Qualitative Approach

Appreciative Inquiry

- Emphasis on participation and iterative work processes, is a philosophy and method for promoting transformational change, shifting from a traditional problem-based orientation to a more strength-based approach to change, that focuses on affirmation, appreciation and positive dialog. (Trajkovski et al., 2013).

Thematic Analysis

- Offers a useful qualitative approach for those doing more *applied* research, which some health research is, or when doing research that steps outside of academia, such as into the policy or practice arenas. Thematic analysis offers a toolkit for researchers who want to do robust and even sophisticated analyses of qualitative data, but yet focus and present them in a way which is readily accessible to those who aren't part of academic communities (Braun & Clarke, 2014).

These approaches are utilized throughout data collection, data analysis, and in reporting to the JSC and the communities.

Methods: Data Collection

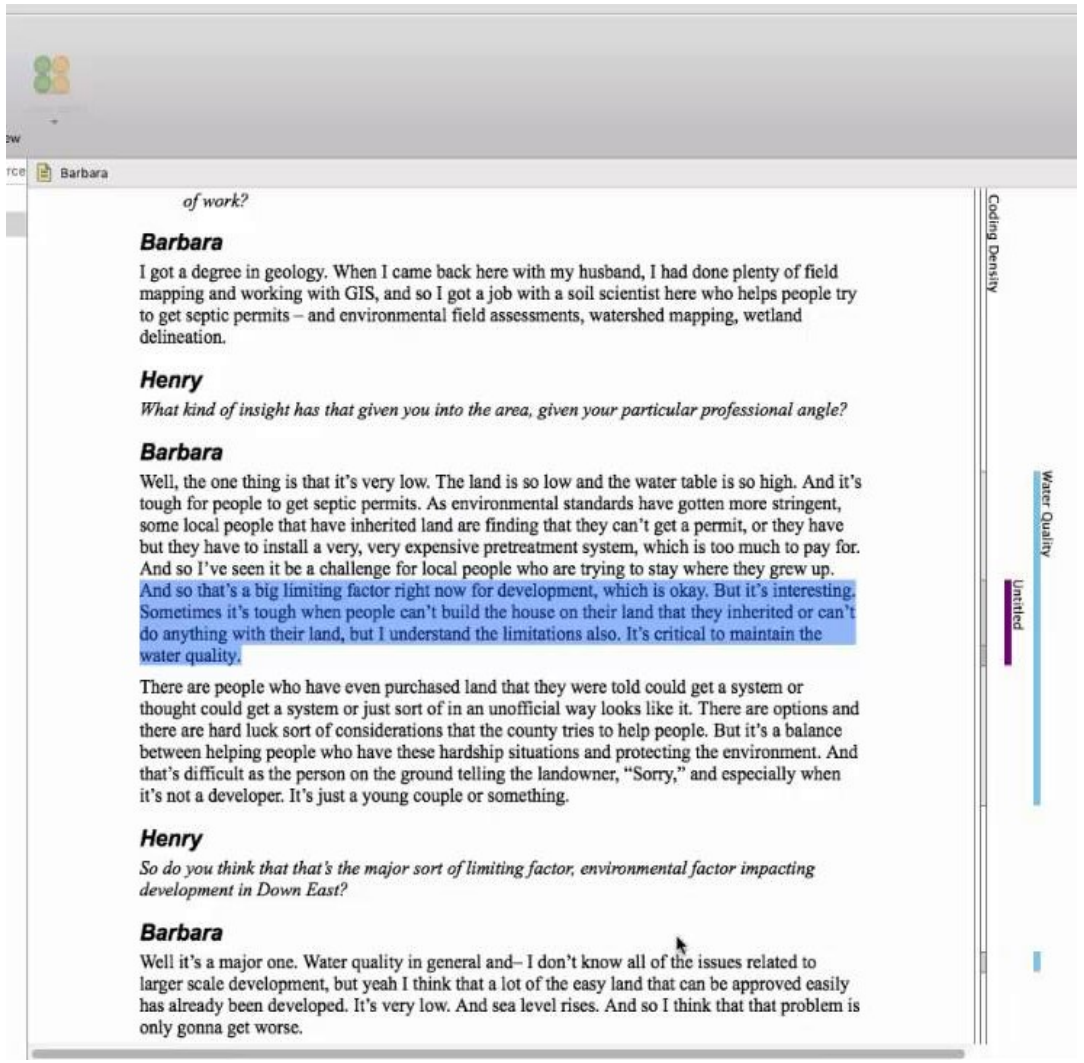
- We collect information from participants through:
  - Group interviews (i.e. focus groups)
  - Individual interviews

- Before any material is presented to the JSC the notes gathered are reflected back to the participants to ensure accuracy.

- These interviews are recorded using a recording device and sent to a professional transcriptionist.

Methods: Data Analysis

- The data we collect is QUALITATIVE data. This means that the units of analysis are **words and phrases**
- **Thematic Analysis approach:** We collect perspectives, experiences, views from participants in regards to healthcare and look for themes across these perspectives
- **Nvivo:** a qualitative software analysis program that we use to assist with organization and analysis of the data
- **Iterative process:** themes are constantly reviewed and refined as more data is collected over time



Methods: Disseminating Results

JSC Reports

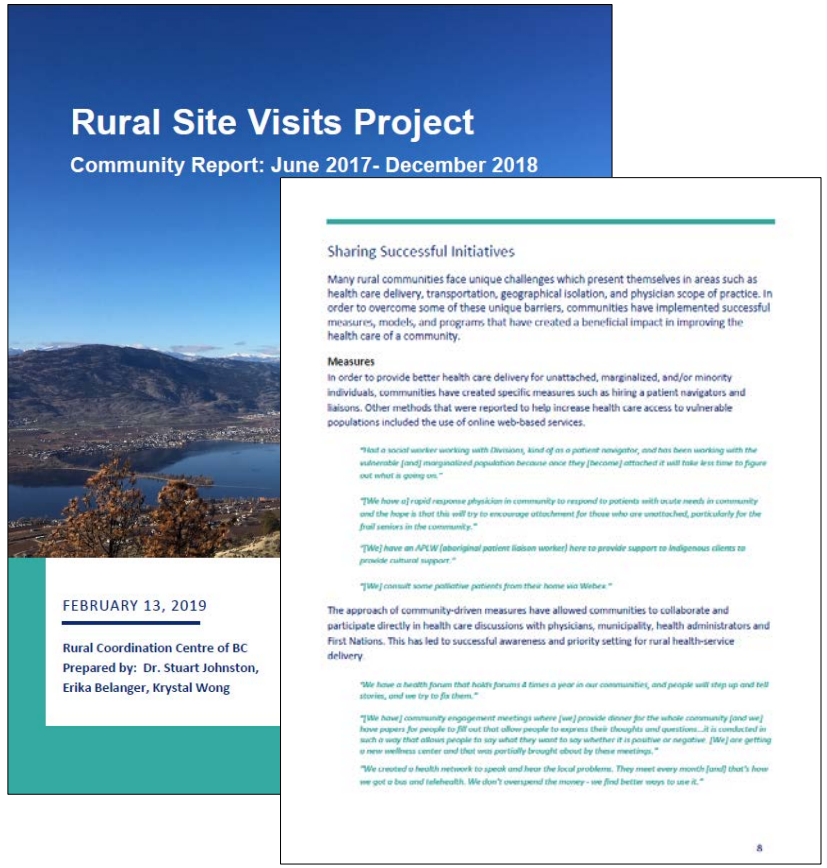
- Bi-annual
- In-depth project updates and pre-selected categories of information
- Shared with each committee member on the JSC

Community Reports

- Bi-annual
- Brief project updates and findings
- Sent to everyone who participates in the project
- Can also be distributed to members of the public

Specialized Reports

- Produced upon request
- Specific to one area of health care/delivery (e.g. RSON, CPD, Emergency Transport, TRC, etc.)



All reports are anonymized and aggregated

Top 10 Categories

- Support (Workplace Support, Collaboration and Connection, Community Support)
- Transportation (Local, Emergency, PTN, Weather, Alberta Proximity, Distance)
- Population (Recruitment, Retention, Growth, Decline, Relocation, Tourism)
- Successful Initiatives
- Rural Scope of Practice and Workload
- Health Authorities
- Finance (Funding, Pay, Billing)
- Services In Need and At Risk
- Patient Capacity and Attachment
- Proposed and Potential Solutions

Major Themes: Transportation

Emergency Transport and PTN

- PTN is frustrating and largely unsuccessful due to the challenges with communication, lack of geographical knowledge, and lack of efficiency resulting in high-risk scenarios and patient delays.

"We don't know always when the ambulance is coming and we don't know who they are here for and they are equally frustrated too. We need time to know when they are actually going to arrive. They say they are coming and then they don't come until much later."

"Would like one story, one person [to communicate with]. It takes so many attempts to tell someone the story and patience [with] PTN [have to talk to many different people and repeat the story]."

"Geographically no one [from PTN] understands where we are and how much time it would take to get somewhere."

Major Themes: Transportation

Non-Emergency Transport

- Getting to and from doctor's appointments and attending regular treatments such as chemotherapy and dialysis is challenging
- Very limited public transport options
- Huge barrier, preventing patients from accessing health services locally and from a distance

"Access to local and distance health services are impeded by lack of public transportation."

"One issue that cuts across all population ages…is the lack of public transportation. Youth and seniors who can't drive have issues with accessing [medical] services."

"Patients can be isolated – if you live in [Community X] which is 15 minutes away but don't have a car, it is a challenge to access services."

Major Themes: Residents and New Grads

Knowledge Exchange Opportunity

- Benefits of knowledge exchange between residents that come to learn in the community and physicians that have lots of experience but may have limited access to novel knowledge resources.

"Having the residents come through helps refresh the older docs on some of the current knowledge."

"The thing with residents is that they always ask you why you are doing something, and your answer is usually 'I don't know, I just do it because it works'…But residents collect information from so many places, so they have a wealth of knowledge to offer and it can be a really good exchange."

Major Themes: Residents and New Grads

Effective Recruitment and Retention Strategy

- Community's ability to bring in residents stood out as one of the most successful methods for recruiting and retaining HCP
- Communities hope that their community profile would be elevated and students would want to return to the area to practice

"[Teaching residents] elevates the profile of the community & helps with recruitment."

"One of the biggest successes in broader geography [is] family practice residents that have come as residents and the come back after they graduated and settled. I can't overstate how successful that has been. Brainstorming around anesthesia with ministry, how can we learn from family practice – can we learn and envisage a similar model?"

Community-Driven Innovations

“[Our] community did an experiment where [we] funded (through alternative funding) a social worker. They dramatically changed our recurrence rate people coming to the clinic and people going to the hospital.”

“Flexibility of Rural Emergency Enhancement Fund (REEF) has been incredibly beneficial to accommodate the needs of some of the docs - we use some of the funding for the docs who do emergency obstetrics.”

Other examples: contracts with Community Paramedics to increase ability for patients to be seen in their homes; funding a ‘community resourcing person’ to help with outreach to seniors and students

Community-Driven Innovations

“[Our community has an] Adult Day Program – works 7 days a week service which includes people who are much more impaired with mobility or cognitively and [we] can keep them in community now.”

“Have a lot of chronic pain here. Have started a pain management group – talk about alternative medicines and how to take responsibility for your own health. Has grown up to 15 people now, have gotten letters from physicians saying that they are seeing a difference. It has been keeping people out of the emergency room.”

Other examples: pairing programs for children with different agencies such as drop-in centre for mentoring with parents and children, a perinatal nutrition program; offering health authority employees to visit their local First Nations longhouse to have a meal and learn about their culture; a pain management group that talks about alternative medicines

Community-Driven Innovations

“I think the Health Services Select Committee is a good example of what other communities could do and I think we’re just getting started. We’re able to connect, in one room, all the people that are making a difference in their community or trying to make a difference. It allows us, as municipal leaders, to hear from the [Person X’s] of the world and [Person Y] and [Person Z] and we’re trying to draw [Community Y] into the equation as well so that we’re not fighting to try and duplicate services but that we are aware of what services are available and we have to find ways to promote them...And that’s something that I think is so necessary. Otherwise, health services are not cheap, so we have to try and make the best of what we have with whoever we can work together with.”

Community-Driven Innovations

“[We] just built [our] mental health team… the last 2.5 years [we] only had a drug and mental health counselor for the [First Nations Group X]. Now [we] have a team lead, two drug and addiction councilors, and another councilor that deals with chronic pain/women’s wellness. This program is very utilized. Last team lead had 80 people on her case list. People have been using this service which is really positive.”

“[Our] community did an experiment where [we] funded (through alternative funding) a social worker. They dramatically changed our recurrence rate people coming to the clinic and people going to the hospital.”

“[We have an] Equine Therapy Program. The way people engage with horses is incredible. This really helps with conversations [and] this has been successful with the youth.”

Community Action Team (CAT)

In an effort to fight the opioid crisis, one community shared how they used their ***Community Action Team (CAT)***, which is sponsored by their health authority and meets regularly, to help address this issue for their community.

"It's a very impressive example of networking through this community and one of the results have been a recovery centre, which is something needed here."

Other examples include the construction of a 40-unit modular home for supported housing; a needle exchange program; a peer program for either using or clean addicts that support the community and be supported by the community as well.

In regards to the current opioid crisis, *"We [do] need to find new solutions, but I really believe and I think, [that] the CAT team is heading in that direction...the innovations that will solve this problem are exactly what already is working here."*

Program Spotlight

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Thank you

Any questions?