

Rural Site Visits Project

Community Report #2: June 2017- June 2019



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Rural Coordination Centre of BC
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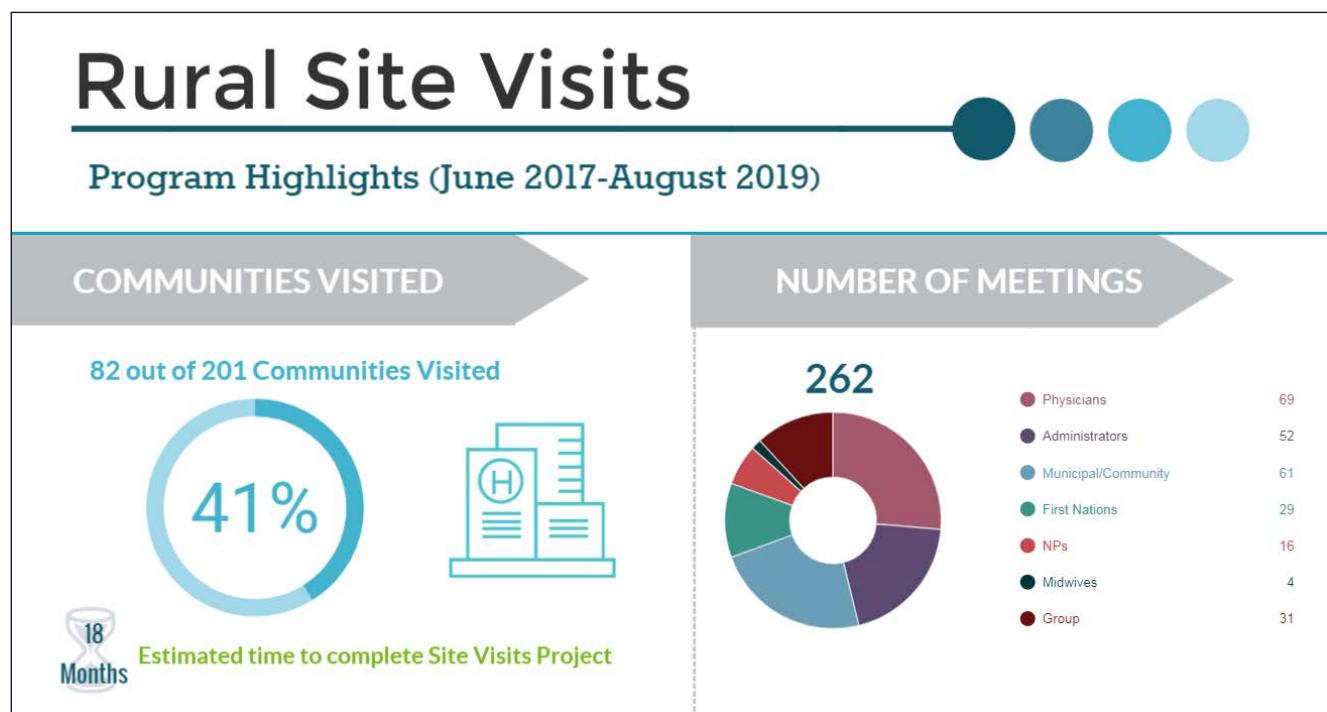
Rural Coordination
Centre of BC



Overview

In 2017, the Joint Standing Committee on Rural Issues (JSC) tasked the Rural Coordination Centre of BC (RCCbc) with visiting every Rural Subsidiary Agreement (RSA) community between 2017 and 2020. These visits will connect with rural practitioners and communities to hear about the context of rural practice and health care delivery (what innovations exist, what works well, what the biggest challenges are) and feed this information back to the JSC, to better support feedback loops between rural practitioners and the programs that support them.

Site Visits will engage Health Partners (Health Professionals, Health Administration, Policy Makers, Community, and Academic Institutions) within each community. From these community meetings, information is collected, anonymized and analyzed into themes to identify the major themes affecting health care delivering in rural communities in BC. As a commitment to the communities, the RCCbc will provide a bi-annual Community Feedback Report to provide updates on the project progress and share the learnings from innovative solutions found throughout the visits.



*This infographic provides an up-to-date reporting of number of communities visited. However, information provided for this report includes communities visited until June 30, 2019.

Emerging Themes

A qualitative software analysis program called NVivo is used to identify and highlight emerging themes from community meeting notes. Through this process, approximately 65 communities from June 2017 until June 2019 have agreed to have their responses included.

Top 10 Categories

- Support (Workplace Support, Collaboration and Connection, Community Support)
- Transportation (Local, Emergency, PTN, Weather, Alberta Proximity, Distance)
- Successful Initiatives (Models, Measures, Programs)
- Population (Recruitment, Retention, Growth, Decline, Relocation, Tourism)
- Rural Scope of Practice and Workload
- Demographic Focuses (Indigenous, Aging, Youth)
- Health Authority Correspondence
- Finance (Funding, Pay, Billing)
- Proposed and Potential Solutions
- Services In Need and At Risk

In June 2019, the Site Visits project presented the following themes to the JSC and this report provides a high level summary of these focus areas:



#1 New Graduates and Residents

There are strengths and areas of opportunities that residents and new graduates bring to a rural community.



Knowledge
Exchange
Opportunity



Effective
Recruitment &
Retention



Workload
Preference &
Skillset
Preparation



Increasing
Patient Capacity
& Quality of Care



Encouraging
Experiences

Knowledge Exchange Opportunity

Rural physicians and health administrators recalled specific successes that residents and new physicians bring to a rural community. One of these successes included the benefit 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."

"Good to have residents coming and updating them on stuff – they [the residents] teach them here."

"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."

Effective Recruitment and Retention Strategy

A community's ability to bring in residents stood out as one of the most successful methods for recruiting and retaining future health care professionals in rural BC.

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

"Feel really good about the experience that [we] provide the residents... People do appreciate the small town niceness and historically people have come back as locums, and a lot of the young docs here now did residency here first."

While it was commonly reported that residents can slow down a practice and take time away from a physician, others noted the important rewards of this trade off.

"It's fabulous – and a great response from nursing too. It slows [us] down a bit, but at the end of the day [we] get through all the patients and it's fine anyway."

"I teach a lot [and] our clinic teaches a lot. They slow you down for sure but...you see them grow... It takes more time - the paperwork and teaching and staying after clinic and going through stuff - but it's great. I would love to see more residents in our area [and] see [Community X] be a residency site like [Community Y]. I think it helps retention. Whether those people become family physicians or ER docs or a 3rd year...We have been successful in getting folks back."

Workload Preference and Skillset Preparation

Younger health professionals are seeking work-life balance after graduation.

"Younger physicians tend to prefer the work life balance and aren't willing to work outside of that. Don't know if it's a cultural thing."

"...younger doctors didn't want to run a business but want a turn-key operation."

"The new grads are different though – they want to work casual, they don't want to work shifts or nights, because the pay and the effort is not worth it. So there is going to be a wave of that to deal with, on top of struggling to recruit people to the current positions too!"

Some community partners recognized that the broad scope of rural practice may require more training and preparation of graduates. It is important for communities that have supports in place, to convey this to new grads so that new grads still consider a rural community a viable option.

"Expectations are rising and I don't think the Canadian graduates will fill the rural needs, so those coming [in] need more training and support."

"New grads see the services that we provide as overwhelming and maybe if you could say 'yes, it's overwhelming but we have support' – this factor they need to build in there."

Increasing Patient Capacity and Quality of Care

Some physicians and health administrators shared that having residents allowed for more patients to be seen in a given day and increased quality of care.

"Residents do help speed things up. You can see more people."

"So many of our departments are small groups of docs – 3, 4, 5, in numbers that it can be burdensome to have a continuous stream of trainees [but] on the positive side when you are a teaching facility, it pushes up the quality of care, because they know that people are paying attention and learning from them. I think the positives outweigh the negatives. You have to pick the sweet spot for the number. I think it enhances patient care."

Encouraging Experiences

Residents have left positive impressions during their time spent in each community. Physicians enjoy residents' company and their refreshing perspectives as well as the challenge to keep them sharp.

"It is fun – it is motivating and exciting to see someone doing something for the first time. The most rewarding learning is having the undifferentiated people coming in."

(In reference to teaching residents) "Reminds you of why you first liked medicine, and why it matters."

"The new energy keeps you honest, keeps you on your toes. It's a selfish motivation...Nice to watch students evolve over time."



Key Takeaway

Physicians tend to favour the ability to take on resident students given the successful outcomes that are returned to each community. Knowledge exchange, creating positive experiences, and renewed energy that occur between rural health provider and residents foster developing relationships.

Areas of opportunity include:

1

Better preparing students and residents for the broad scope of skills required in rural practice



2

Reviewing the UBC compensation models for preceptors for time spent when mentoring students



#2 Proposed and Potential Solutions

Health partners offered initiatives that had been proposed, suggested, or are in the beginning stages of implementation for the purpose of addressing and overcoming health related challenges within a community.



Promoting Rural BC



Increasing Locum Presence



Harmonizing Information Sharing Systems
(Paper Forms & EMRs)



Creating Transport Alternatives



Utilizing Bottom-Up Approaches



Taking Proactive Measures

Promoting Rural BC

All health partners recognized the challenges of recruiting to a rural community. As a result, individuals have seen the value of emphasizing the advantages of smaller rural communities and contrasting these with the disadvantages of larger urban centers.

"I mentioned that we don't promote why we should stay in the rural community – it's nicer it's calmer. I went to Ontario 2 weeks ago and I could not concentrate. Same with Vancouver. There is a constant drone due to the busyness. This is something that could be promoted."

"[Our] recruitment strategy when recruiting from Vancouver is to highlight what [we] have that bigger cities do not. [To list off some examples] you can buy a house for \$150,000. It's safe here. We have never had a drive by shooting. Kids at 15 and 16 can walk the dog along the street [at any time]...so we think that we have a lot to offer for young couples but nobody knows about this."

Increasing Locum Presence

Health partners report that health service delivery is most successful when locums are available and able to practice in a community.

"The rural locum program is great and [we] are thankful for it."

"We can't survive without locums... We have generally good experiences and couldn't deliver services without locums."

One group of physicians proposed to create a province-wide app that might help overcome locum access challenges. Other physicians shared their solution of using special funding to attract and support locums.

"It would be nice if there was a BC wide app available for people to post for locums province wide so we could see if anyone would be able to come to our community."

"[We] use the REAP funding to support locums as well. [We] provide some of that money to compensate them."

Harmonizing Information Sharing Systems

Physicians, health administrators, health managers, and nurse practitioners shared frustration regarding the burden of paperwork and forms, as well as the existence of multiple medical records (e.g. EMRs, hospital records, information sources such as BC Cancer Agency) that do not seamlessly interface with each other. Stakeholders proposed that coming up with a method to integrate EMRs or working towards a single standardization EMR program, would not only improve communication, but would also improve general access to patient health related information for locums and other involved physicians.

"Find it frustrating that [we] have far too many forms – including specialty clinics. And they keep changing them, and if you don't use the up to date form they won't accept your submissions including referrals. It needs to be standardized across hospitals – which would also make it easier for the vendors of EMRs to integrate it. Need to have 1 CT form for the province, not one per hospital."

"Waiting for [EMR] harmonization. Sometimes there are three charts on the same person, but they don't talk to each other."

Creating Transport Alternatives

Concerns about transport issues for both acute care and ongoing care issues such as cancer treatments continue to be highlighted across the province. Many communities have been impacted negatively by the loss of Greyhound. As a result, some communities that have relied on Greyhound created temporary solutions that could result in long term resolutions for non-emergency transportation. Other alternatives include the use of Shock Trauma Air Rescue Society (STARS) from Alberta or travelling specialists.

"BC Bus is by the province but it's a 1-year short term gap filler in the absence of greyhound."

"[We] fund STARS. Give them \$175 000 a year for that service as the regional district...Haven't experienced any pull out from Alberta's services yet, but they are tied into a 3-year contract with them for now."

"Travelling specialists are really helpful here, and having people travelling in for dieticians, diabetes education is also very helpful. If they were here more often it would be good."

"Several of the social workers have set up funds where they [have] community donations and they call up this pot of funds and they get someone somewhere."

Utilizing Bottom-Up Approaches

All health care partners emphasized how leading health services from a community driven approach allowed for implementation that could be tailored to the community's needs.

"Back in the old days we didn't have the health authorities...and centralizing now may save money, but it's not effective anymore. There is a disconnect. Would be nice to get everyone together and organize the community based on health indicators and let's manage our way to better health in the community."

"Each community has its own character, its own quirks. If you have doctors who are entrepreneurial and creative that allow doctors at the very bottom to come up with their own plan on what to do to meet the needs, it follows the principles of subsidiarity."

Taking Proactive Measures

Municipality members proposed that “taking proactive versus reactive” actions with health-related challenges would pave pathways to producing local health-related successes.

“Just started a group between municipal and college and school board on how they can meet better goals for the future. Have pitched the IB program for local schools in town. [The] IB program is recognized as high quality from people all around the world [and] we have to have something that everyone can recognize so that the parents aren’t scared of their kids running off to the port for work”

“With Aboriginal communities there is a lot of historical and intergenerational trauma that plays into the care as well and it takes years to see changes, but you have to be forward thinking and proactive about developing the services and programs that can help reduce the effects of trauma.”



Key Takeaway

Communities have provided many proposed solutions that depict their desire to improve the health system.

Many of the examples shared have the ability to be scaled up to other communities.

Areas of opportunity include:

- 1** Promoting rural BC by emphasizing the advantages of smaller rural communities vs. disadvantages of larger urban centres 
- 2** Increasing locum recruitment by using the Rural Locum Program, REAP funding or a proposed province-wide app to attract, support and retain locums 
- 3** Working towards a method to integrate EMRs/single standardized EMR program 
- 4** Temporary solutions to address the loss of Greyhound could result in long term resolutions for non-emergency transportation 
- 5** Community members have the ability to determine how best to recognize and prioritize the needs of their community 
- 6** Focusing on proactive vs. reactive measures especially with mental health and engaging community members at earlier stages 

#3 Sharing Innovations



Funding and Resources

- “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.”
- “One of the things that we have, that I don’t know [if] it’s utilized enough, or that it’s even known about, is our Red Cross building that we have that is filled with all the equipment that people can use. When I was in Vancouver with my husband and he was going to need a bed, a hospital bed at home, and they said, ‘we will phone [Urban community X] and put you on the waiting list’ ...I just phoned my friend and by the time I got home, the bed was in my house and everything was done, [and] they assumed it would be at least 2 weeks waiting for a bed. So, we have an excellent system here as far as stuff like that goes.”



Mental Health

- “[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.”



Innovative Programs

- “[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.”
- “One area we are moving more focus into is our youth. For example, looking at the Foundry Youth Program in [Community X]. Looking at bringing something like that down here. Could create a great partnership with this.”
- “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.”



Circle of Strength

One First Nations community shared that they are in the midst of creating a more formal practice based on a project for children in care using the approach of a *Circle of Strength*.

"It's something that informally happens when a group of our staff and community members come together and say - this is the best route. It starts first with a family meeting with a doctor, for instance, then it kind of works from there...we have one of our communities that practice circle of strength for their kids in care. So as a prevention method, they'll have a group of resources come together from all of their departments that have a connection to that child and they'll do a plan of care"

They outlined what they need in order to make the *Circle of Strength* process more formal in their community:

"I think we need some training for sure around what it means to be safe, you know, being safe as a care provider, in every aspect. Emotional safety, spiritually safe, being safe, physically safe."

Program
Spotlight

SHARE YOUR INNOVATIONS



Does your community have an innovation to share with others in BC? Please contact Krystal Wong at kwong@rccbc.ca or 604-738-8222.