



# Rural Site Visits Project:

## Community Feedback Report #4

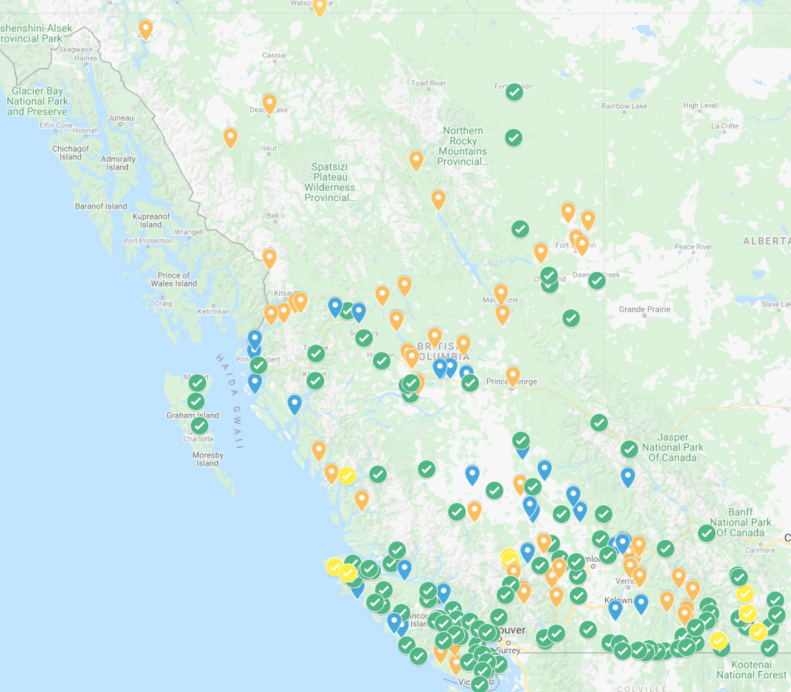
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Rural Coordination  
Centre of BC



Rural Site Visits Project  
A JSC INITIATIVE



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“I like this, this group setting. We actually get to vent to somebody who’s actually going to listen. That’s what my feeling is, like you actually care.”

-First Nations participant

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“We’re very pleased to hear that because all my life I’ve heard it for the top down, it’s nice to work from the bottom up what people need...it’s the people that count. They’re the ones that have got the information of what they need.”

-Municipal participant

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# 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, First Nations, Community, and Academic Institutions) within each community. From these community meetings, information is collected, anonymized and analyzed to identify the major themes affecting health care delivery in rural communities in BC. As a commitment to the communities, the RCCbc sends a bi-annual Community Feedback Report to provide project updates and share the learnings from innovative solutions found throughout the visits. This is the fourth Community Feedback Report to date. To view previous reports please visit our [website](http://rccbc.ca/sitevisits) (rccbc.ca/sitevisits).

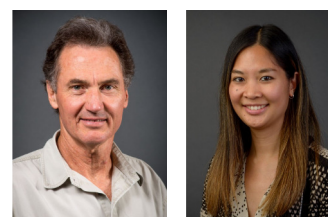
Due to Covid-19, the Site Visits project has postponed trips since March 16, 2020. Other areas of focus have been redirected to:

- Developing a Site Visits and Innovations website featuring searchable innovations collected around the province to help address health care issues and connect community contacts to one another
- Writing the first research paper on the Site Visits project process and overarching themes
- Creating a revised engagement processes for remote Indigenous community visits

The hope to resume trips will be dependent on each community and ensuring all parties are safe and comfortable with our visits before we start reaching out again.

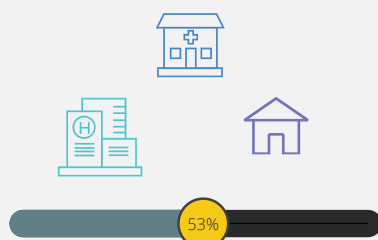
Thank you again for all your support.

- Dr. Stuart Johnston and Krystal Wong



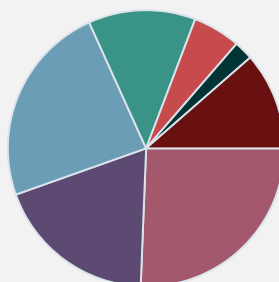
RSA communities visited

106



Number of meetings

359



Physicians	92
Administrators	68
Municipal / Community	85
First Nations	45
NPs	20
Midwives	8
Group	41



# Top 10

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

## Pre-Covid Virtual Access and Support

This report introduces information on virtual support services that has been collected from rural, remote, and Indigenous communities prior to the occurrence of Covid-19.

First Nations, physicians, nurse practitioners, health administrators, and municipality members share their virtual-related successes, challenges, and gaps.





# Successes



Most people are much happier to face the computer than the idea of having to go to [urban city X] for a 20-minute appointment. They're prepared to change because they see the advantage of it.

-Participant

Community members have identified many successes as a result of obtaining the ability to access, receive, and effectively utilize telehealth services. Specifically, community members shared how telehealth provided good access points to care regarding mental health services; an area that is typically in need across the majority of rural communities.

- *"For adults [mental health services are] good, there are stepping stones in place. [We] utilize telehealth for mental health support."*
- *"That telehealth piece is really key to our rural communities...we were the pilot community for psychiatry telehealth so we were doing consults in the emergency and preventing admissions, actually, which was great."*

Not only were community members able to express the benefit of not having to travel far distances to access a physician or specialist, but also made participants feel less geographically isolated within their communities.

- *"[We] try to use technology to the full extent and save people travel as much as they can."*
- *"Having distance tech for consults is great for patients. [This is] being used for meeting with oncologists in [urban city X] to manage cancer care."*

It was further highlighted how telehealth allows for more flexibility more patients to still receive care when travel barriers, such as poor weather conditions, may not permit safe travel for community members to utilize health care services outside of their communities.

- *"In situations where the weather isn't on your side [and] if your appointments ended up getting cancelled one day... you could connect through the telehealth and still maybe maintain those appointments in a different way."*

It was expressed by many physicians, health administrators, and allied health professionals that in addition to receiving increased ability to access care, telehealth services set the stage for greater learning opportunities for health care providers themselves.

- *"[Regarding telehealth machine] We have the equipment and we use it. We use it for rural rounds, which is something that we use. There is more and more online learning, and personally I would like to see even more learning."*
- *Telehealth has been a really good thing for the community. Telesims – simulations – [have been] boosters for the staff morale as they feel they are part of the bigger system – it can feel very isolated in [community X] so it is great that they feel included.*

# Gaps



We do have telehealth and we want to use more of it, but we don't quite have the right systems and supports in place, and we're not really sure how to tackle that.

-Participant

Many community members acknowledge that they could be utilizing their telehealth services to a better capacity.

- *"I think we could use it more and we could use it better, yes."*
- *"We have telehealth but I don't think the uptake is used as widely as it could."*

Rural and remote communities that have received telehealth access have shared the barriers that exist to using telehealth in practice successfully. One of the common barriers expressed by communities was "a lack of support" to utilize the technology adequately.

- *"I still have a brand spanking new laptop in the basement. It was given to me with...special software that's downloaded for you to use and, I don't know, it was a \$1,200.00 laptop that I've never opened, never used because the system that supports it – I don't know, people have moved on and they just lack support [to use it]."*
- *"If [people] are willing to set it up and go through it with [the senior patients], as long as they're not having to put their hands on that computer, they're probably okay...But if somebody's operating it for them, I think they'll be quite comfortable."*

Also there is a lack of interconnectivity with Health Authority telehealth systems outside of the community.

- *If you are referred to a specialist in [City X] a lot of the follow up meetings are done over telehealth, but the problem is that their connectivity is not up to par because the physician can't access your up to date labs and test results.*



But, to make it [work] the connectivity has to be workable...[Health Authority X] has so many firewalls for very good reasons because they have this huge silo of...information that they have to protect...But it makes it unusable.

-Participant

While the recognition of telehealth's potential benefits were recognized, the ease of ability to actually use the telehealth technology was also viewed as challenging by all community members. Many expressed the desire to have telehealth services be simplistic; quick to operate and easy to maneuver.

- *"It's been difficult to engage as a small community with a project through [Health Authority X] versus some of the locally run projects where a project manager is just down. It's just like a way different experience, the relationship between patient and understanding and just the inherent difficulty of choosing tech that works in such a dynamic and complex situation. There's just been a lot of technical issues that have to do with Skype for Business itself and all of that...[we] don't understand any of it - the tech infrastructure, the PPN, all of these pieces...and I'm just like, I just want to press [a] 'video' [button]. I have used it a little bit and it's been amazing, it's been absolutely literally life changing for a particular family that couldn't make it down to Vancouver, for example. So...I see the potential, but we're not quite there yet in [Community X]."*

Many rural and remote communities do not have access to virtual services at all. This gap was identified as a barrier for many community members. Importantly, it was further noted that First Nations communities had less access in general to telehealth connectivity, capability, and supports. Resultantly, the wish for virtual health and telehealth access to better support not only health care delivery, but also general service delivery for the communities, were expressed by many First Nation's community members.

- *[In reference to services you would like to have] "Telehealth, it would be nice to have it here."*
- *[In reference to virtual health services] "I think that would be a huge benefit. A huge benefit for a patient-doctor relationship and develop that, because its important - the cultural part of connecting with the physician...I think that connection and relationship with the doctor-patient relationship is such an important key, especially when...most times you're just given a prescription and not knowing what the heck is this? You know? So there's no really relationship breaking down, is this working? Is this not working? Just the consistency of open relationship of communication is a really big key."*



“

We've got very poor internet here... I'm really working hard on our end as Council to have somebody come in and work on our internet system here because, you know how important it is for the business end of things to be done in our band office and our, you know – it's so poor that it's a priority and I think that we can definitely look at telehealth as a means to push it further”

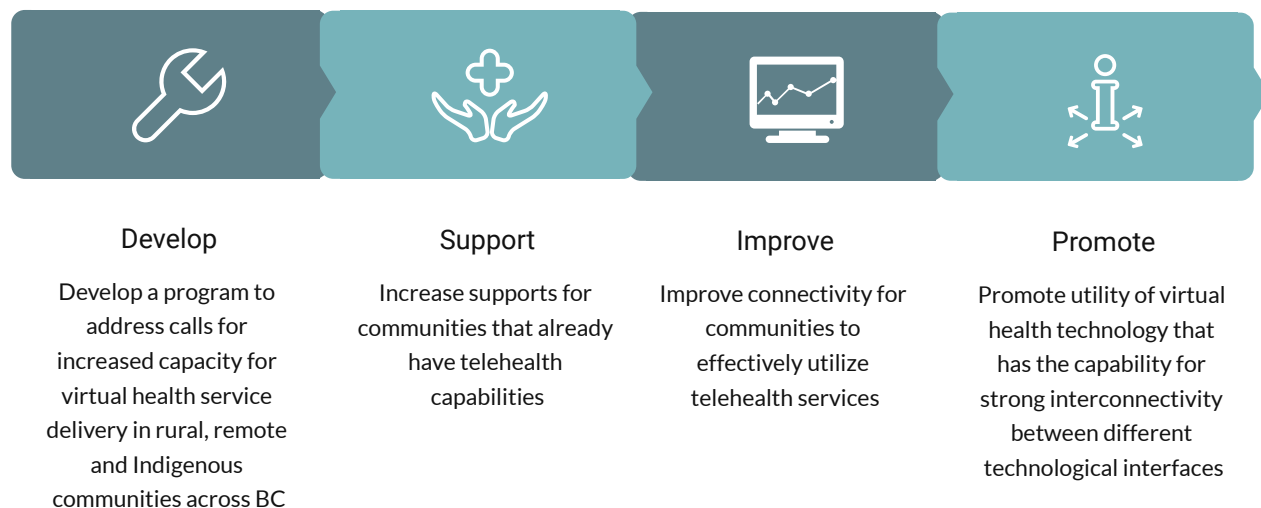
-Participant



### Key Takeaways

- 1 Telehealth provides good access to points of care and strengthens relationships 
- 2 Virtual care decreases feelings of isolation for community members 
- 3 Virtual care provides a safe space for providers and patients on the ground 
- 4 Telehealth provides more flexibility to access care 
- 5 Telehealth provides greater learning opportunities for providers and health professionals 

## Proposed Actions



Out of these proposed action items, it can be noted that the Real Time Virtual Support pathways (RTVS) have helped meet some of these action items. As part of building sustainability for enhanced virtual supports, future funding will be needed to address these initiatives that can help to improve the barriers community members face with regards to telehealth and virtual health services moving forward.





## Virtual Access and Support

*"That's one of the things that the child and mental [health program], CYM did really well is they brought something to town called Plan 1 and that was just a way of connecting people to mental health services. They tested it out at the high school. They put together an app and we've managed through our youth centre to maintain the app but it needs more than that but it's just an example of the work they did to deal with some of the issues you just heard. It was a really good access point for youth to access services."*

*"It's 2020...and the remote issue in British Columbia is not going away...when it comes it communications, while there are some folks in the population who can't access ...information and participate in conversations and discussions using technology...it's fast becoming accepted that it's [a] really basic human right to have access to high speed Internet...here should be a powerful rural health orbital space, whatever you want to call it for rural British Columbians and First Nations, a forum that welcomes not only the multiplicity of practitioners including non-Western practitioners and wellness providers but also political leaders and most importantly ordinary citizens in a safe, secure environment where information can be shared, problems and fears can be safely and security erred and action can actually result."*

*"[We] have a community of practice for all the Nurse Practitioners that are hired by [Health Authority X] to connect. They have a list-serve that they communicate through and have regular [region X] wide meetings to discuss their challenges and successes"*

*"One of the things I found in emerg when I was working there, is it's much easier to get hold of consultants if you text them...And taking photographs of x-rays and just texting them...the receiver on the other end is much more likely to respond to it."*

*"We created a health network to speak and hear the local problems, they meet every month. That's how we got a bus, telehealth [etc.]. We don't over spend the money we find better ways to use it."*

*"There is definitely a benefit of remote counselling. Youth are super comfortable with virtual experience and it means that it isn't someone who live here and is someone's auntie so they might be more likely to talk openly and not feel like word will get out."*

*"Having distance tech for consults is great for patients...[they are] being used for meeting with oncologists in [Urban City X] to manage cancer care."*



## Funding and Resources

*"The Holiday Train comes in here at Christmas time. CP Rail. They decorate a complete train and they stop here and have stopped here for I think it's 17 years now. And they raise – they drop \$7,000.00 cheque here for community services and everybody comes from all over the place to see this train but the admission is bring food for the food bank....It keeps our food bank going basically all year."*

*"Another thing we've done is we've supported a lot of equipment in that facility through all the service clubs and groups over the years and I think that has made a big difference as well. [For example] there was a waiting table for, the IV or it was something like that, [and] it was \$5000. There was money raised through the community and it was purchased, so I think over time we made it [possible] to buy a fair amount of smaller type equipment and I think that goes a long way too because that's reciprocating back to the physicians that we do care...We're not always looking for a handout from the government or [Health Authority X]; that we will help however we can."*

*"[Community X] did an experiment where they funded through alternative funding a social worker. They dramatically changed their recurrence rate people coming to the clinic and people going to the hospital."*



## Mental Health

*"I've accessed [Healing Centre X] years back and nothing but praise for them. They're an actual healing centre and the root of all of our troubles is the trauma and our ability to start healing from our traumas. Addressing what needs to be addressed and having resources in place so that our communities can start healing and [Healing Centre X] is a really good resource...and then they have a trauma program as well and other programs offered there."*

*"Youth is my thing. So connecting with the school a lot...I connect with [Person X] who is child youth mental health and then we were using [Person Y] who was a public health nurse and we would meet every Wednesday and we would have a just a drop in walk in clinic for youth so anywhere between 12 and 26 and they would come over from the schools and I was [part of] the local action team for mental health, just trying to get different services going. Just being a part of those committees, they got my name so now I'm getting referrals from the school district."*

*"We have partnerships with Anchors which is an organization who comes into our community to provide you know SHARPS and all those kind of harm reduction things and we also a partnership with MCFD in Freedom Quest. Freedom Quest provides the child and youth side of substance use services. So we have that, we have partnership with Boundary Family and Individual Services Society and they do a lot of work with individuals and in particular children who are affected by all these terrible things."*



## Partnerships and Collaborations

*“In the OR we did a communications project...and we did metrics and survey and did a tool and we got to say ‘focus’ in any kind of sentence. We have agreed that it is a ‘word’ that all share as a value and so we have that. That is a signal to help me do my job and I think its been good. As long as one person says it, we all know that we immediately move into a different frame of mind and behavior.”*

*“JPB (Joint Project Board) projects [is a] partnership with Ministry of Health, [Health Authority X], and FNHA. [It involves] projects on the larger scale and ongoing funding [that is] community driven nation based. [Its] more likely to be culturally informed, trauma informed, rooted in a first nation perspective of well ness. A lot of cross pollination and connecting between people from all these organizations.”*

*“The Health and Wellness Collaborative has created some tremendous things in this community in terms of programs that wouldn’t have existed without that group of people being able to get together.”*

## Food Insecurity Program

“Ten years ago we started a food program here to address some of the food insecurity, the skills that were being lost not transferred from generation to generation and the isolation of many of the seniors. And so these guys were involved in the beginning as well and it’s evolved into different things. In the beginning we were looking at what could we do about a Meals on Wheels and then we sort of developed our own here. Volunteers come together once a week, they make soups for everybody in the community to come and have soup and bread on a luncheon. At that same time they also make a whole bunch of meals and those are packaged up and frozen. The health care centre buys a number of them. A number of them are distributed at the luncheon and then others at other times. And then we also have some large community potlucks over the course of the year and a school program and a school garden growing there and workshops. We have gleaning so volunteers go out and pick a lot of fruit and vegetables and that gets distributed to the gleaners, to the owners if they want it, and to the Food Program as well.”

Program  
Spotlight

## SHARE YOUR INNOVATIONS



Does your community have an innovation to share with others in BC? Please contact Tracey DeLeeuw at [tdeleeuw@rccbc.ca](mailto:tdeleeuw@rccbc.ca) or 1-250-492-4000 ext. 32878.

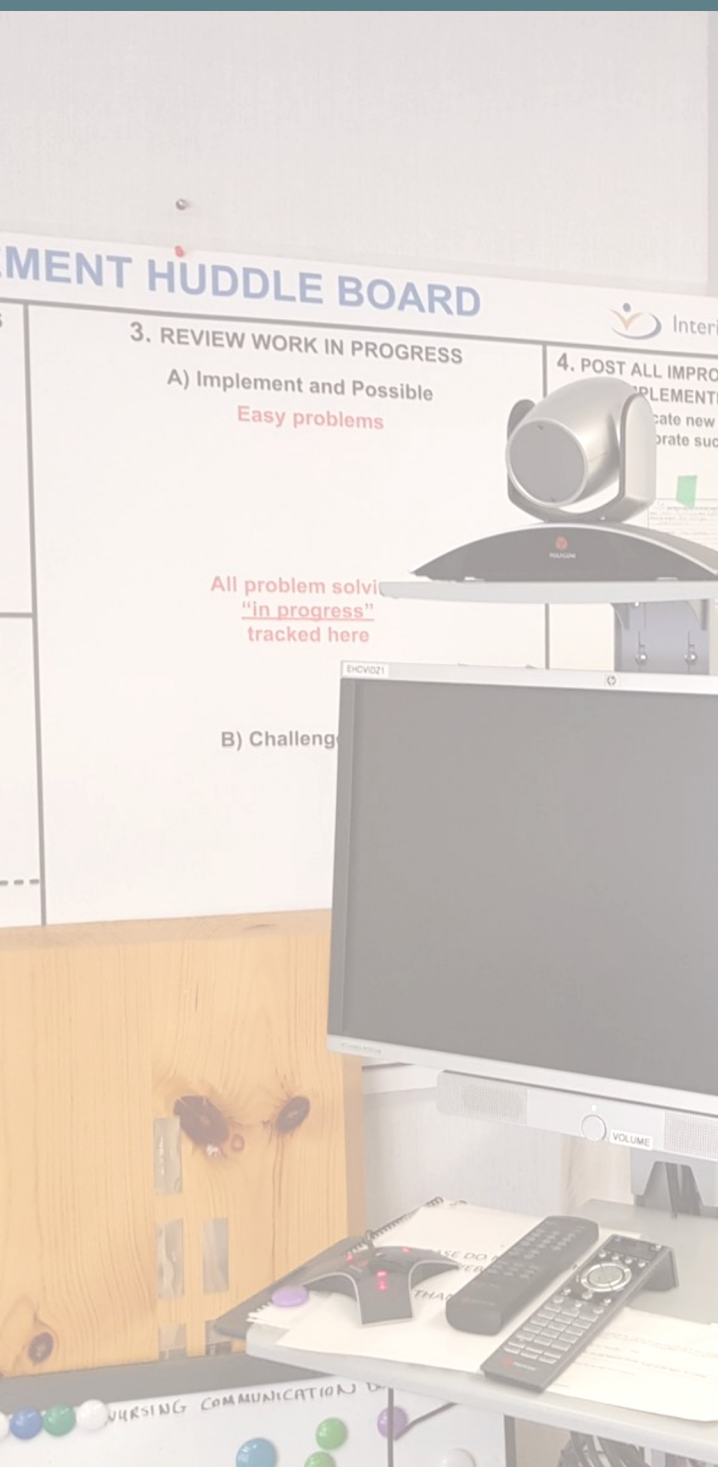


## Summary

This report shares accounts that occurred prior to Covid which highlights many aspects of virtual care as we've moved into the Covid era. This data has helped inform the virtual care developments in rural BC which now include the Collaborative Centre of Excellence for Virtual Health and the Real Time Virtual Support (RTVS) pathways. Through the rapid development of virtual care during the pandemic, increased access and supports for rural physicians, specialists, and patients have been created. As a result, these partners have been able to strengthen relationships and connect directly with each other.

Whilst the flexibility arising from Covid has significantly improved virtual health services and access, many of the barriers identified above are still very real in the rural, remote and Indigenous areas of BC.

In the next round of Site Visits we will be seeking perspectives on the relationship aspects of virtual care. We will have an opportunity to further explore the communities perceptions of impacts of these developments during Covid moving forward.



Program  
work  
ives P