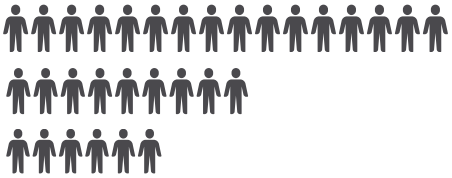
Emergency Transport Study in Rural & Remote BC

Emergency medical transport continues to be an issue in rural and remote British Columbia. Transport is complex, impacted by various factors, including the patient's condition, services available, geography, weather conditions, and availability of air and ground transportation and staff.

This qualitative study explored the experiences of providers, managers, and patients of emergency transport in rural, remote, and First Nations communities. Participants were invited to discuss both favorable and unfavorable transport encounters. Barriers and enablers in transport were examined through an appreciative inquiry method that fosters a more solution-oriented approach. Factors that lead to success are outlined, and challenging transports often represent the contrary that inform the recommendations. We appreciate the openness of the participants in sharing both positive and negative experiences, and their desire to improve transport.

31 Interviews



16 providers (physicians/nurses)

9 managers involved in emergency or transport

6 patients/caregivers

Key themes that impacted success:

Access to Timely Resources

- **Transport is timely and available**
- **Situational factors**
  - **time of day, day of week, favorable weather**
- **Appropriate staff & resources**
  - **advanced care EHS staff, air transport**

"Sometimes the stars align and it all goes well." —Rural Provider

Communication

- **Providers feel heard when transport decisions are being made**
- **PTN conference calls where multiple partners collaborate to make decisions**
- **Regular communication updates**

Success means:

- **Right care**
- **Right time**
- **Right place**

"The best scenario is that they get the appropriate level of help in the most timely manner possible. The worst scenario is when there's nobody coming, no help, and they have to function on their own when they don't have the resources". - Manager

Recognition of Rural

- **Rural communities are unique, resilient and resourceful**
- **Rural resources and situations are recognized by transport decision makers**
- **Providers stay in community and do not accompany patient transfers**

"People are more than willing to pitch in and do what they need to do." —Rural Provider

Collaboration

- **Accommodation and flexibility in approach to support patients**
- **Supportive environment for providers (eg peer advice)**
- **Operational processes met the needs of patients and providers**

Impact on rural communities of difficult transport

Patient and provider stress and psychological distress of waiting for transport. Exhaustion from feelings of helplessness.

Moral distress of not being able to provide the care needed.

Negative cases impact provider well-being with implications for retention, recruitment and burnout. Left making difficult decisions with limited resources when caring for critical patients.

"It happens a lot and it's a frequent cause of moral distress within my group because we're not providing the care that patients would [receive] in the city". -Provider

Recommendations

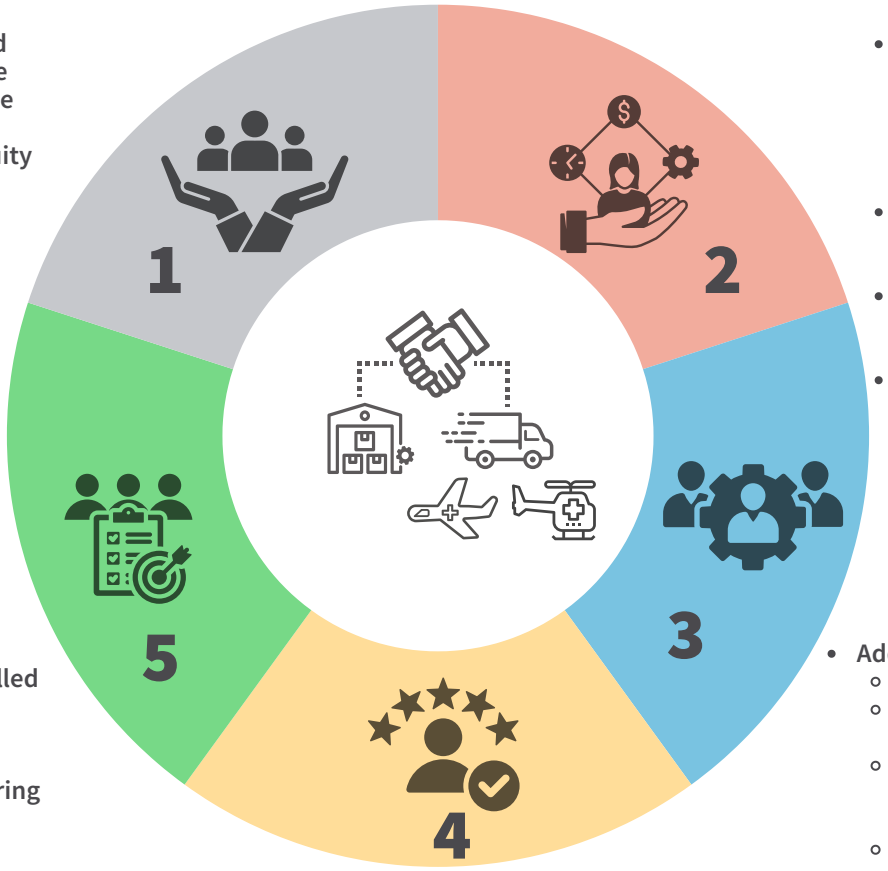
From Study Participants

1. Equity and Access

- Increase resources and capacity to ensure true 24-7 service is available
- Define standards for transport times by acuity level
- Recommend first responders and ambulances for every rural community

2. Value and Costs

- Enhance physical infrastructure in communities
  - e.g., helipads, airport runway lights, road signs
- Support interprofessional teams
  - e.g., STARS, HART
- Increase the number and decentralization of air resources
- Support more BCEHS staff in rural & remote communities including advanced care paramedics



3. Workforce Experience

- Address operational issues
  - Communication gaps
  - Delegation of PTN calls to local team members
  - Expansion of transfer algorithms to include local input
  - Rural providers accompanying critical transports
- Create a culture of learning and innovation
  - Learning about rural context and communities
  - Learning health system approach where key partners debrief
  - Composition of transport teams include other health professionals

4. Patient/ Caregiver Experience

- Enhance communication to patients and family members
- Transfer to the hospital closest to home
- Support culturally safe care (e.g., patient escorts)
- Implement patient navigators to assist patients with return travel
- Measure patient/caregiver experience
- Sharing patient records across the patient journey

5. Health Outcomes

- Patient outcomes
  - morbidity & mortality
- Time between transport called and definitive care
- Time when transport is called & transport arrives
- Time providers spend on transport
- Internal transport monitoring
- Impacts when transport is delayed

Thank you to all study participants and healthcare workers providing care in rural, remote and First Nations communities. We also acknowledge rural patients who make this work matter.

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