RTVS Learning Health System 2025-2026 Report at a Glance

THE UNIVERSITY OF BRITISH COLUMBIA
Department of Emergency Medicine
Faculty of Medicine

Key Findings

Team-based care delivered **when and where** needed

Interprofessional collaborations in a matter of minutes; occurs in 20% of all peer-to-peer shifts

Provides critical access to **essential services**

24 Chief of Staff, Health Director and remote nurses cite RTVS' role in enabling access and health workforce stabilization

Increased encounters and **expanded scope**

Hybrid care model covering >286,000 patients in 170 rural communities

Foregrounds **cultural safety**

>93% of patients report receiving culturally safe care via the FNHA pathways; >23% of providers are Indigenous

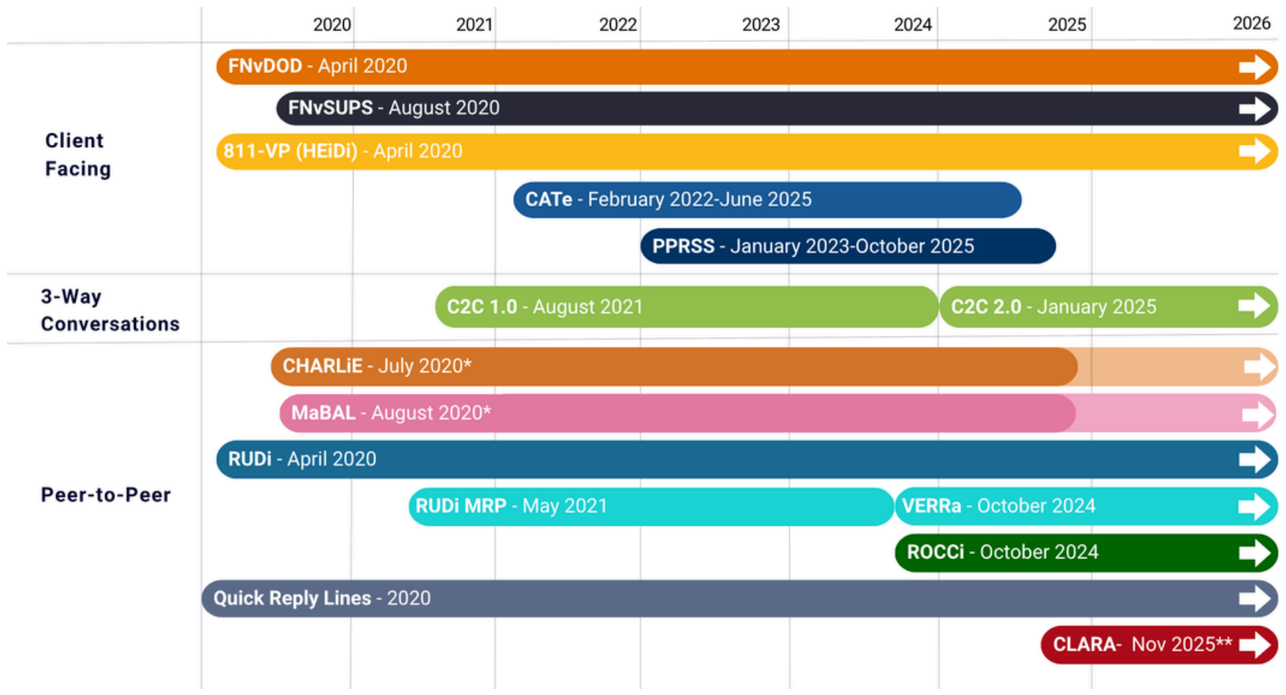
Strong economic rationale, foundational evidence

Providers experience reduced service interruptions, transports and need for unplanned locus; foundational economic evidence available for 811-PS

Improves **healthcare affordability** for patients

RTVS reduced catastrophic out of pocket medical travel expenditure for >16,600 patients

Pathways included as part of the RTVS program, as of December 31, 2025:



*Beginning in October 2025 the CHARLiE (paediatrics) and MaBAL (maternity) pathways experienced intermittent service interruptions

**The CLARA line is operated by Northern Health

Method

The RTVS 2025 report is a mixed methods evaluation, integrating qualitative data from open-ended semi-structured interviews with 24 Chiefs of Staff/Health Directors and Remote Certified Nurses with linked administrative data for patients using the services from January 1-December 31, 2025 and cummulative, yearly comparisons from April 1, 2020.

Chiefs of Staff/Health Directors' Interviews

Five themes identified about RTVS' impact on their practice setting:

1. Instant access to interdisciplinary team-based care
2. Mitigates critical health workforce shortages
3. More efficient use of emergency and transport resources
4. Supports rural practice readiness
5. Helps mitigate unintended consequences of policies (examples inlcude: reverse incentives for unplanned locum coverage, return of service turnover, and proximity to sites with geographic or compensation advantages)

Keeping rural EDs open, stabilizing the rural health workforce, and reducing unnecessary service use

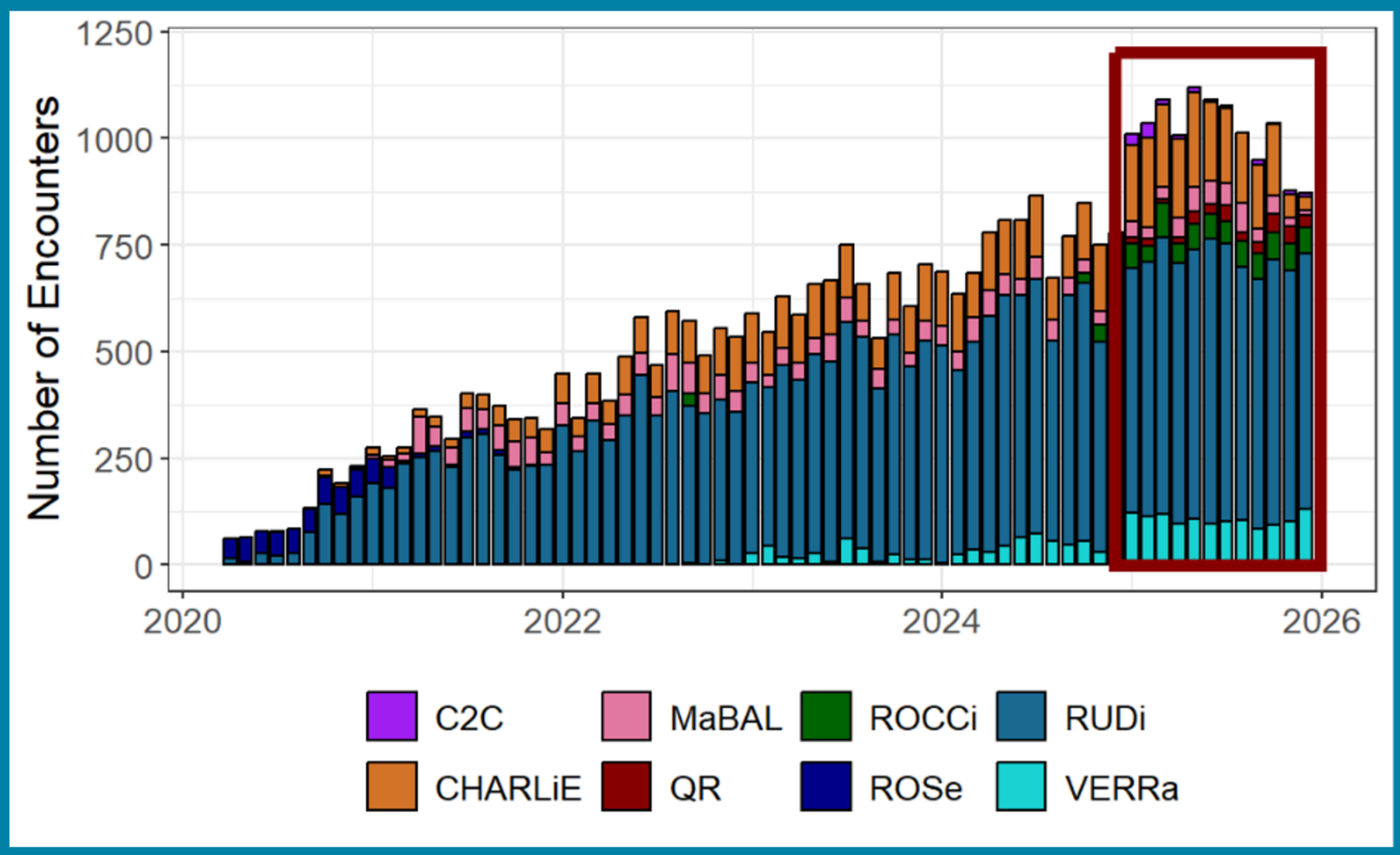
Remote Certified Nurses' Interviews

Four themes identified:

1. Improves access to care
2. Supports recruitment and retention
3. Reduces clinical isolation
4. Improves emergency care outcomes

"…we had an 18-month-old child come in…very ill, very scary, kind of pre-code. We couldn't get an IV line, couldn't get blood, so we didn't really know what was going on. We called CHARLiE, and…they even teleconferenced [Hospital name]…while talking to us. That took a lot of pressure off me and the doctor… because we could focus on saving this critically ill child…I credit the support from RTVS with helping save that kid's life." (Nurse Interview #7)

Expanded scope of care provided by RTVS in 2025



Cumulative encounter volumes for the RTVS Peer to peer pathways, as of December 31, 2025

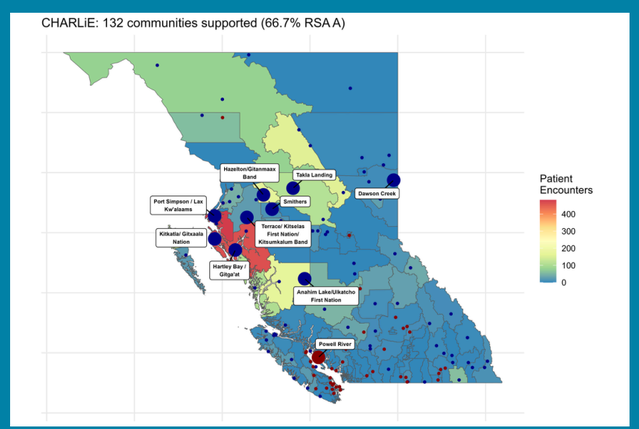
Increased uptake of RTVS' peer-to-peer pathways

Expanded use for unplanned call coverage to support health workforce shortages

"We would go under [without RTVS]. Don't mean to be too dramatic, but I really do feel like it would be very hard to retain who we do have. Already being short-staffed, asking my staff to do a lot more already, and then if I said to them, by the way, I'm taking away one of your lifelines, I could only project that that would be a really challenging thing to keep retaining them."
(Chiefs of Staff/Health Director Interview #2)

Evaluation and Reporting by UBC Digital Emergency Medicine

RTVS provides essential pediatric and maternity services to the most medically isolated communities



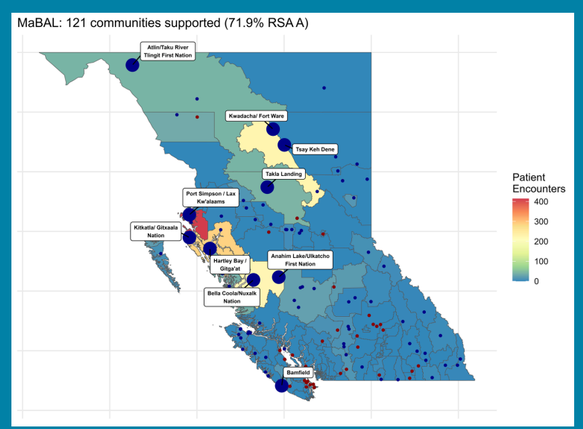


Figure 3: Essential services provided by CHARLiE and MaBAL in calendar year 2025. RSA-A communities in blue; other communities in red; top ten communities labeled and have larger dots.

CHARLiE and MaBAL have supported 200+ birth/neonate cases, primarily in RSA-A communities located hundreds of kilometres from the nearest birthing centre.

Virtual birthing teams enable team based care for unplanned births

"We had a case where…a C-section was done, and we don't have an OR. It was crazy. Having MaBAL to help us through that case, and having CHARLiE to help run through PALS, pediatric emergencies and resuscitations, was huge. They were rehearsing, going over cases, doing sims, and that made them much more comfortable to manage the case. It was a wild case…. Having that support frees us up to work in multiple ways and be ready for a super difficult case."
Chief of staff/health director interview 12

RTVS enables interprofessional care teams to collaborate with rural providers in a matter of minutes

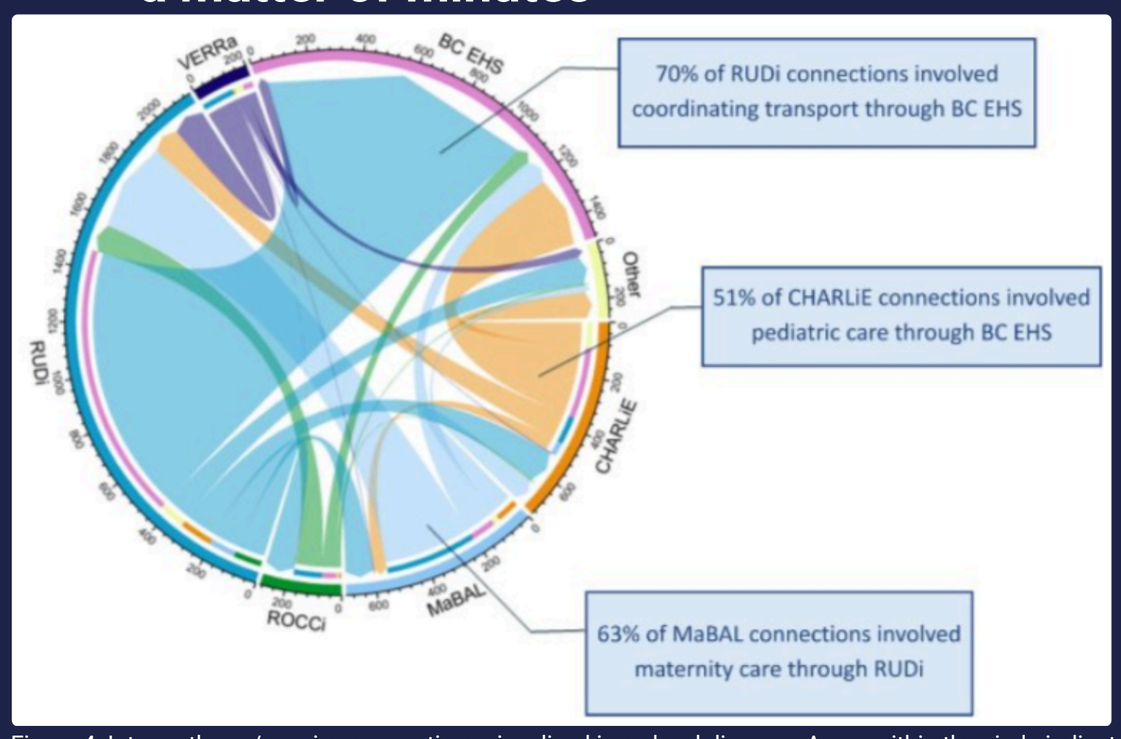


Figure 4: Inter-pathway/-service connections visualized in a chord diagram. Areas within the circle indicate interprofessional collaboration between one or more physicians who staff the RTVS pathways or transport medicine, the wider the lines between pathways, the more services worked together to provide care through the RTVS instant-access peer pathways as indicated on the VP shift sign-out form. "Other" includes: C2C and QR pathways, 811-VP, local emergency or specialist physicians or nurses (e.g., Prince George ED).

FOREGROUNDING CULTURALLY SAFE CARE

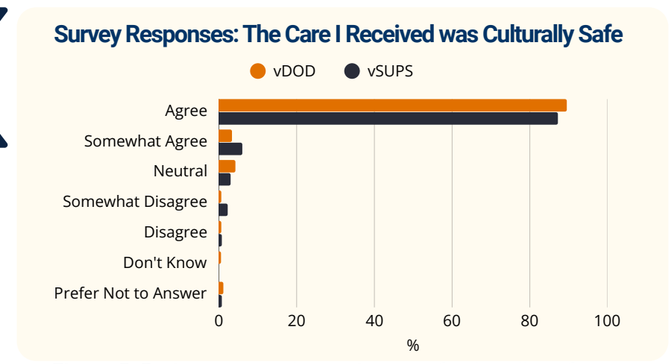
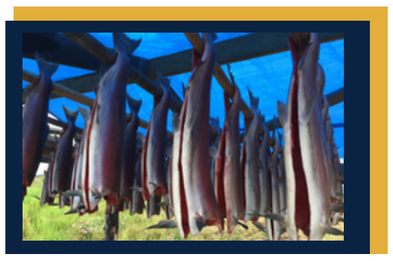


Figure 5: Patient-reported experiences of culturally safe care from the FNHA virtual care pathways

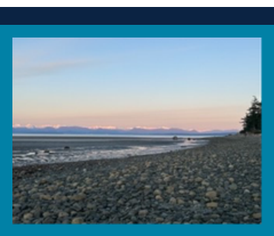
HEALING AT HOME

RTVS helps prevents unnecessary medical travel and keeps families together

*"RTVS keeps people… in their homes, or in their home communities…there's sort of those patients as nurses that we will see, and you're sort of hesitant…you get that physician support, and it's like, no, I think you can hold this patient, keep him in the community, and then we'll reassess, and they come up with a good plan…**with being First Nations, and we know their culture, that they heal best when they're surrounded by their loved ones…it [transport] prevents that from happening.**"*
-Chief of Staff / health director interview #7

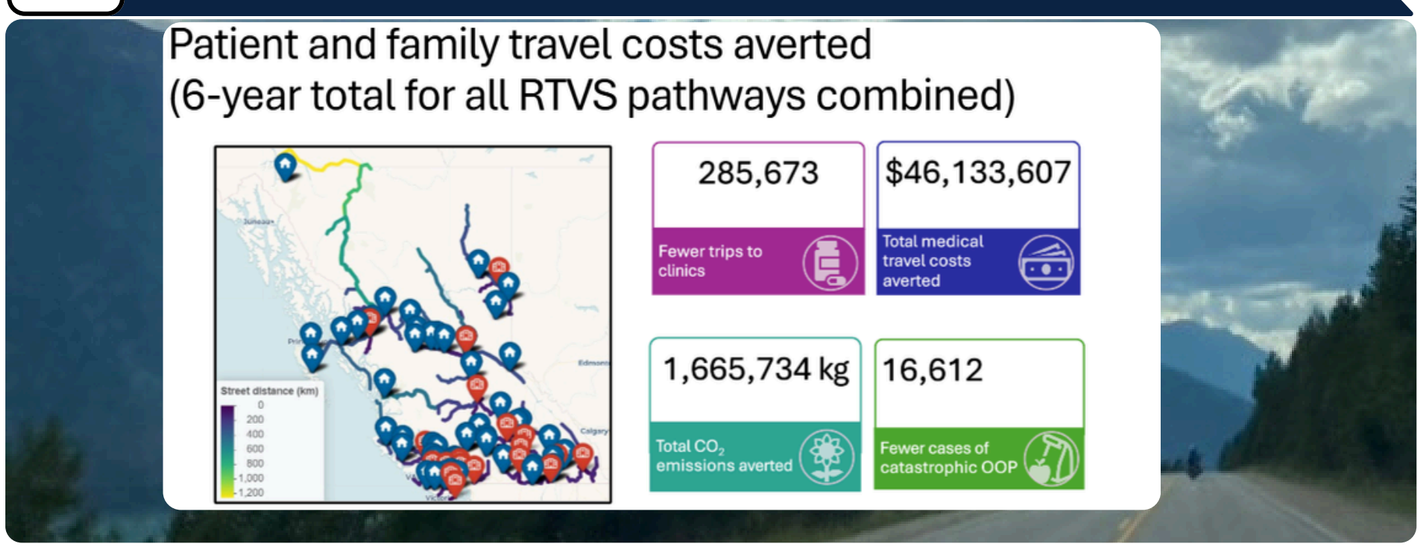


Equitable care and health system navigation

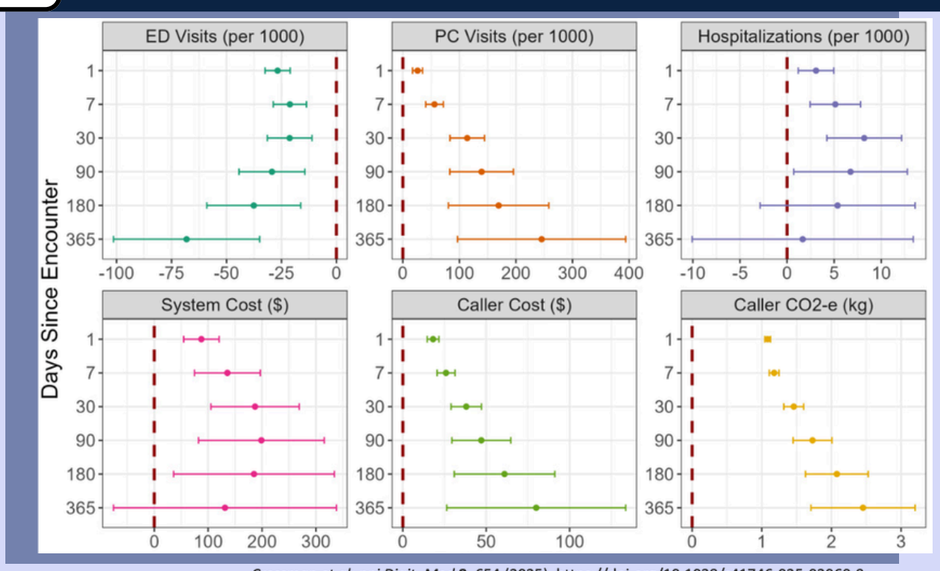


"Because it's hard for Indigenous patients to navigate a system that has been built against them, basically. It makes it difficult to access care. They need advocates working in hospitals to help them get the same standard of care that, hopefully, we're all getting. So that's the best way I can describe it: we have to hire somebody to help get that equitable care. And there's that history we also have to recognize and be sensitive to in the community.."
Chief of Staff / health director interview #12

REDUCES UNNECESSARY MEDICAL TRAVEL FOR PATIENTS



811-PHYSCIAN SERVICES REDUCED ED VISITS WITH NO ADDITIONAL COST TO THE HEALTH SYSTEM



*Cressman et al: npj Digit. Med.***8**, 654 (2025). https://doi.org/10.1038/s41746-025-02060-9

Difference-in-differences analysis of the implementation of 811-VP

Key Findings and Recommendations

	Increased encounters and **expanded scope**	Team-based care delivered **when and where** it is needed	Foregrounds **cultural safety**	Provides critical access to **essential services**	Strong **economic rationale** established	Improves **healthcare affordability** for patients
What is needed:	Core clinical infrastructure	"Just in time" services	Centralized tracking of Indigenous providers and equity	Pan-provincial access to essential services	Economic evidence	Consistent tracking of catastrophic health expenditures (CHE)
In the next 6 months	Map provincial service coverage	Track service interruptions	Improve data on provider representation	Predict HWF shortages	Economic analysis plan	Critical review of medical travel costs
In the next year	Anticipate unmet needs from data	Pro-actively plan coverage	Define RTVS' equity objectives and set goals	Predict need for coverage	Evidence synthesis	Anticipate service needs to reduce CHE

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