

A Better Approach to Rural Health Care

Recommendations from the *Rural Road Map for Action*



THE ISSUE

On April 23rd, 2021, the Rural Road Map Implementation Committee (RRMIC) launched [Call to Action: An Approach to Patient Transfers for Those Living in Rural and Remote Communities in Canada](#) to help Canadians living in rural¹ and remote communities access health care closer to home.

HealthCareCAN has been part of the Rural Road Map Implementation Committee since 2018. Mr. Jean Bartkowiak, former President and CEO of Thunder Bay Health Sciences Centre was an original member of the RRMIC representing HealthCareCAN. HealthCareCAN was pleased to provide the perspective of our member institutions on practices to improve patient transfers between rural health facilities and secondary and tertiary hospitals.

¹ Defined as communities that are geographically located in rural and remote regions of Canada, and are distinctly or partly populated by Indigenous people, as a central focus requiring action.

TOWARD A BETTER APPROACH TO RURAL PATIENT TRANSFERS

The “Call to Action” was released at the Society of Rural Family Physicians virtual Rural and Remote Conference on April 23rd.

As the foundation to the Call to Action, the RRMIC recommends that those who live in rural and remote communities should expect a high standard of care when patient transfers are required.

The Committee calls on health leaders and advocates to support and engage in the following actions:

1. Adopt formal patient transfer agreements.
2. Implement no-refusal policies.
3. Create supportive intra- and inter-jurisdictional infrastructures.
4. Leverage the use of virtual care technologies.
5. Use data to evaluate, improve, and reduce the need for patient transfers and enable ongoing end-to-end planning.

HealthCareCAN thanks our members who shared their valuable input with us to support this work, and to those members who were able to attend the virtual launch in April.

BUILDING THE CALL TO ACTION

Work to improve rural and remote health care in Canada has been ongoing for many years. In 2017 the [Rural Road Map for Action](#) (RRM) was developed to provide a framework to enhance access to safe, equitable, and quality health care for rural Canadians across the continuum of care.

The framework is based on 20 collective actions designed to create a pathway to help stakeholders² deliver improved rural health care through a well-coordinated and collaborative approach. The actions fall under four priorities – education, workforce planning, best practice models, and rural health research.

HealthCareCAN was approached in 2018 by the RRMIC to provide insights from our members about specific RRM issues and actions to collectively improve the quality of care provided in rural and remote Canada. The RRMIC identified the area of patient transfers as a specific issue requiring improvement for those living in rural and remote communities.

Rural Road Map Implementation Committee members

The RRMIC formed in 2018 to support the implementation of the Rural Road Map. The committee is co-led by the College of Family Physicians of Canada (CFPC) and the Society of Rural Physicians of Canada (SRPC) and comprises:

- Association of Faculties of Medicine of Canada
- Canadian Association for Rural and Remote Nursing
- Canadian Association of Emergency Physicians
- Canadian Association of Staff Physician Recruiters
- Canadian Federation of Medical Students
- Canadian Medical Association
- Canadian Nurses Association
- College of Family Physicians of Canada
- Federation of Canadian Municipalities
- HealthCareCAN
- Healthcare Excellence Canada
- Indigenous Physicians Association of Canada
- Resident Doctors of Canada
- Royal College of Physicians and Surgeons of Canada
- Society of Rural Physicians of Canada

² E.g., health care providers, health care organization administrators, national health associations, policymakers, government, universities and medical school faculties, and rural and remote communities.

Action 11 in the *Rural Road Map for Action* specifically called out the need to implement standard policies within health service delivery areas that require acceptance of timely transfers and appropriate consultations between rural medical facilities and secondary and tertiary hospitals.

Many people who live in rural and remote communities must be transferred out to larger health care centres for medical care and then transferred back for ongoing or follow-up care. Rural practitioners have voiced that they spend a disproportionate amount of time arranging transfers to appropriate levels of care.

A national advisory group on rural patient transfers was established in July 2019 comprising representatives from the Health Standards Organization (HSO), Accreditation Canada, HealthCareCAN, the Royal College of Physicians and Surgeons of Canada, the Canadian Institute for Health Information, CFPC, and SRPC. The group focused on developing an approach to improving rural patient transfers and repatriation between rural and urban centres through enhanced hospital standards and better transport coordination among facilities and across jurisdictions.

The rural patient transfers project sought to:

- Identify key areas to influence policy decisions at provincial and regional levels about rural patient transfers;
- Identify potential barriers and enablers of patient transfers;
- Inform areas of where improvements can be made to enhance current standards for care transitions.

HealthCareCAN engaged with our members to explore the severity of this issue in their hospitals, health organizations, and health regions.

HEALTHCARECAN MEMBER INPUT TO THE RURAL PATIENT TRANSFERS PROJECT

Member input demonstrated that health organizations across Canada have various policies and processes concerning transfer of care from rural and remote communities and for returning patients back to their communities. Best practice models are constantly evolving and changing, being piloted and tested to enable better rural care delivery.

Nevertheless, input from HealthCareCAN members - further to the qualitative data gathered from other stakeholders and CIHR-funded research projects - revealed the following gaps and barriers related to patient transfers for those living in rural communities:

- Challenges to access care is prevalent (especially for mental health services);
- More support is needed to provide care close to home in order to minimize transfers;
- Integrated systems between tertiary, regional services is vital;
- Appropriate measures for return patients back are required; and,
- “No-refusal” policies need to be in place.

HealthCareCAN members suggested that measures to enable improvements to rural patient transfers include:

1. Having good infrastructure in place to mobilize and effectively support rural patient transfers. This would include established data collection networks in tracking patient transfers for quality improvement.
2. Adoption of virtual care to support care close to home.
3. Increased availability of resources such as staff, beds, and technology to assess, collect, and be adequately trained in transfer protocols.

NEXT STEPS

Through its collaborative efforts, the RRMIC has made important contributions to improving access to care for people living in rural and remote areas of Canada. RRMIC has highlighted key activities undertaken by its partners and stakeholders to advance the 20 actions in its April 2021 [Rural Road Map Report Card](#) on access to health care in rural Canada.

While the mandate for the Rural Road Map Implementation Committee has concluded, it is apparent that work needs to continue. The RRMIC is currently investigating possible options.

Improving access to quality rural health care is an important policy and advocacy focus for HealthCareCAN. We continue to work through the Canadian Medical Forum to advance these issues as well as to improve rural medical education and training.

FOR FURTHER INFORMATION

HealthCareCAN is eager to engage with our members. Please contact us if your organization has any questions or feedback.

Emily Follwell
Policy and Research Analyst
efollwell@healthcarecan.ca

Jonathan Mitchell
Vice President – Research and Policy
jmitchell@healthcarecan.ca