

DRAFT V.3

BACKGROUND 2023

Exploring Strategic Approaches to Address Access to Rural Patient Transfer in Rural Canada

Why Does it Matter?

Spending an inordinate amount of time arranging transfers to appropriate levels of care is a common problem in many rural Canadian jurisdictions. Inadequate resources for care in rural and Indigenous communities, as well as in larger centres, combines with the particular difficulties of transporting unstable patients with complex conditions safely makes accessing care challenging. Transfer and repatriation protocols designed to support rural physicians, regardless of geography or jurisdictional health care system authority, are needed to improve quality of care and access to specialized services. Inadequate access to networks of care and the inability to transfer patients when needed lead to poorer outcomes for patients, and potential moral injury of rural physicians and nurses.

Regionally, innovations are being tested through the creation of new practice models and networks to enable care provision. Maternity care and mental health care transfers are particularly common and challenging. These innovations need to be scaled and spread across Canada.

Agreements and established protocols between larger health care centres and smaller rural and remote communities have helped communities gain better access to secondary consultation, specialist advice, and emergency services when needed. Proper infrastructure is crucial and systems must be designed to expedite timely transfers and appropriate consultations between rural medical facilities and tertiary hospitals to optimize local care when transfer out of community is necessary. Networks of care and care models that are patient-centred must be implemented and supported to ensure the right care is provided in the right place at the right time. "No refusal" policies are an important contribution to safe transfers of care. Conversely, established transfer protocols will contribute to more timely repatriation of patients to their home communities.

In response to the challenges of rural patient transfer, the SRPC, in collaboration with CFPC, launched a Call- to-Action statement in April 2021. The <u>statement</u> raised awareness of this problem as it impacts interfacility transfers between rural and urban hospitals, safe medical transport, the application of comprehensive standards/guidelines and access to comprehensive data on medical transport. The SRPC has called upon government leaders for an effective pan-Canadian approach to better bridge the gaps created by current patient transfer practices and protocols. The SRPC and its partners are hosting a national Summit that will assemble key stakeholders who have direct responsibility in the development of policy, practice protocols and delivery of transfers as well as hearing from patient partners about their lived experiences with transfer/transport care. Summit participants include rural health care providers, transport providers, rural hospital administrators, transport referral centres, rural and Indigenous community leaders and policy/decision-makers directly involved in the provision of rural patient transport.

Key themes to be considered include: exploring systemic and regional approaches to access comprehensive data on transfers across jurisdictions for effective HHR planning/policy development; the effectiveness of no refusal policies and formal cross jurisdictional/interfacility agreements; the alignment of the statement with relevant existing accreditation standards for health systems, institutions and medical transport organizations; and using the statement as a quality improvement framework.

The outcome of the Summit is to have a national strategy towards implementation of the Call- to-Action Statement to ensure that we have increased access to care for rural populations requiring medical services outside their community. Access to specialized services should not depend on a person's postal code. People living in remote and rural parts of Canada, many of whom are Indigenous, deserve equity.