

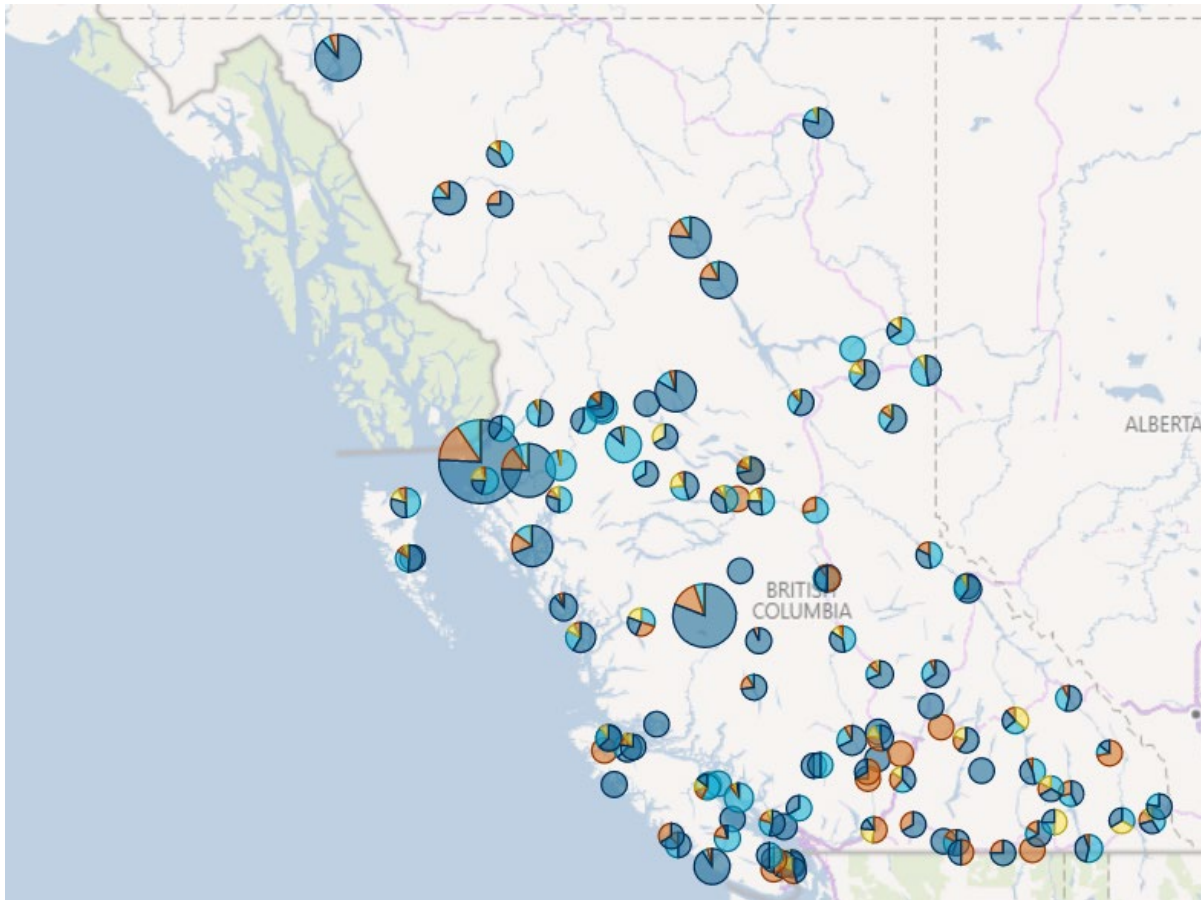


# Real-Time Virtual Support

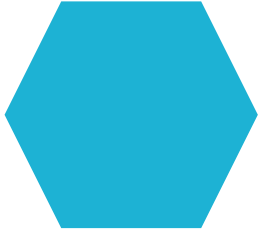
**RTVS Peer Pathways**  
**FNHA Health and Wellness Summit**  
**Presentation Date: April 4, 2023**

# Land Acknowledgement

We are grateful to experience the unceded Indigenous territories of British Columbia through our work and activities

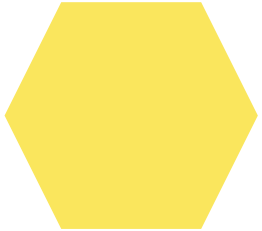


We are joining you today from the traditional territories of the x̣ẉṃə̣θ̣ḳẉə̣ỵəm (Musqueam), Ṣḳẉx̣ẉụ́7̣mesh (Squamish), and ṣə̣ḷiḷẉə̣ṭə̣ł̣ (Tsleil-Waututh) Nations, the Syilx (Okanagan) Peoples, and Kwadacha Nation (Tsek'ene).



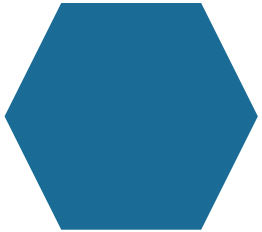
**Kim Williams**

Network Director - Rural Coordination Centre of BC



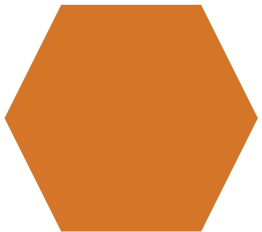
**Matt Petrie**

Emergency Physician, RUDi and Fire Department Co-Lead -  
Real-Time Virtual Support Peer Pathways



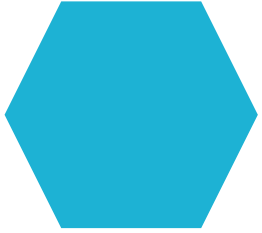
**Dustin Richard**

Professional Practice Leader, Remote & Rural Practice  
Team - First Nations Health Authority



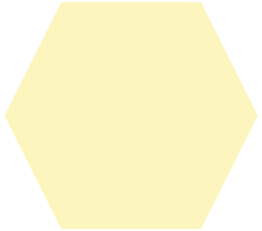
**Rebecca Tallman**

Health Director - Kwadacha



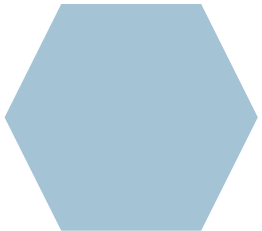
**Kim Williams**

Network Director - Rural Coordination Centre of BC



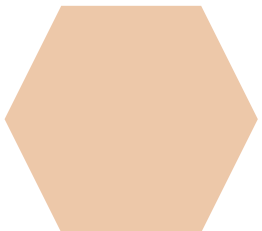
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**Rebecca Tallman**

Health Director - Kwadacha

# Rural health looks different



St. Paul's Hospital, Vancouver, BC



Takla Landing, BC



Takla Landing Health Centre, Takla Landing, BC



# Partnership Pentagram Plus

## HEALTH ADMINISTRATORS

First Nations Health Authority  
 Provincial Health Services Authority  
 Island Health  
 Vancouver Coastal Health  
 Fraser Health  
 Northern Health  
 Interior Health  
 Providence Health  
 BC Women's Hospital  
 Specialists of BC  
 Society of General Practice

HealthMatch BC  
 Worksafe BC  
 Insurance Corporation of BC  
 Unions  
 Veteran Affairs

## COMMUNITIES

Patients  
 BC Municipalities  
 First Nations Communities  
 Community Organizations and Foundations  
 First Nations Health Council  
 BC Rural Health Network  
 BC Patient Safety and Quality Council

Society of Rural Physicians of Canada (SRPC)  
 Rural Coordination Centre of BC (RCCbc)  
 Rural Education Action Plan (REAP)

## LINKED SECTORS

Industries with vested interest in health (e.g., forestry, oil and gas, mining, etc.)  
 Non-profits (e.g., hospital auxiliaries)  
 BC Rural Centre  
 Institute of Health System Transformation and Sustainability

Joint Collaborative Committees  
 (General Practice Services Committee (GPSC), Shared Care, Specialist Services Committee (SSC), Joint Standing Committee on Rural Issues (JSC))



## POLICY MAKERS

College of Family Physicians of Canada  
 Health Employers Association of BC  
 BC College of Nursing Professionals  
 College of Physicians and Surgeons  
 Canadian Medical Protective Association  
 Physicians Services Committee  
 Doctors of BC  
 Divisions of Family Practice  
 \*Joint Collaborative Committees (GPSC, JSC, SSC, Shared Care)

Ministry of Health  
 Ministry of Mental Health and Addictions  
 College of Midwives  
 BC Midwifery Association  
 BC Nursing Union  
 Nurses and Nurse Practitioners of BC  
 BC Emergency Health Services

## HEALTH PROVIDERS/ PROFESSIONALS

EMR Vendors  
 Rural Coordination Centre of BC (RCCbc)  
 Rural Education Action Plan (REAP)

Allied Health Care Professionals  
 Physicians  
 BC Ambulance  
 Shared Care

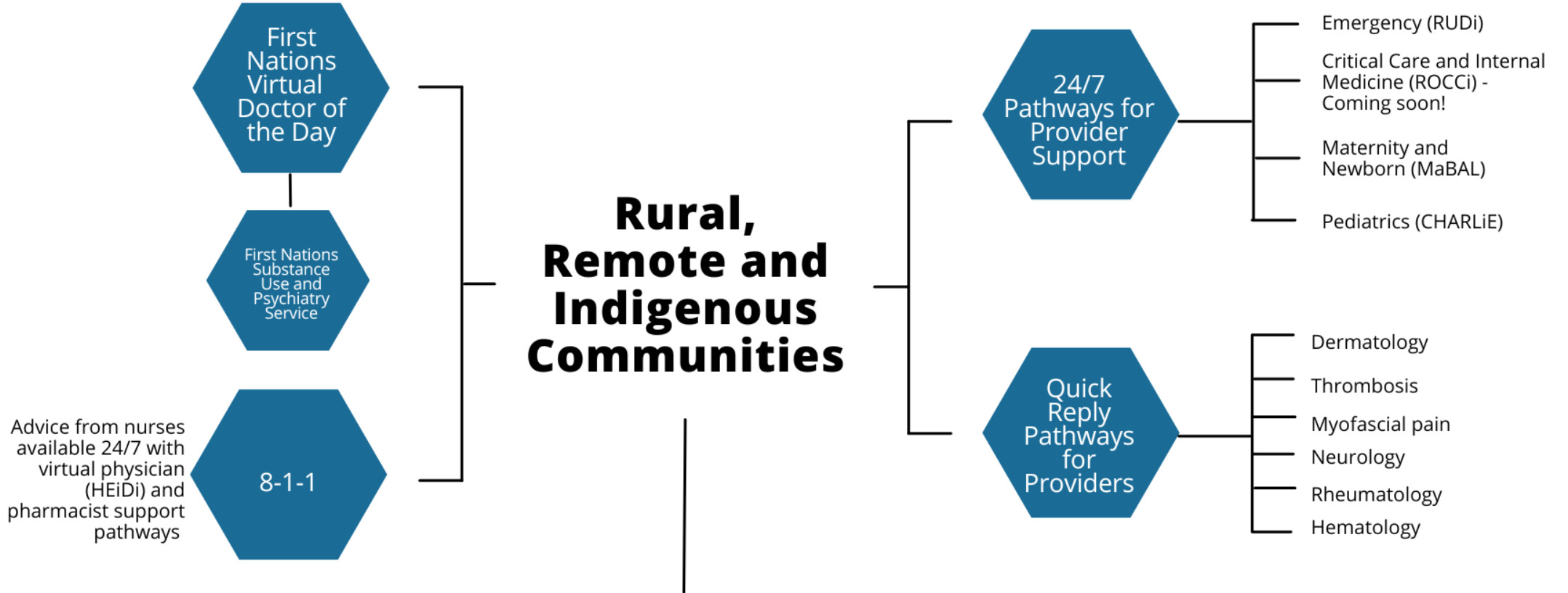
## ACADEMIA

Rural Scholars  
 UBC Health  
 Faculty of Medicine, UBC  
 Selkirk College Rural Pre-Med Program  
 Learners, teachers, and researchers  
 University of Northern BC Health Research Institute  
 UBC Midwifery Program  
 Centre for Rural Health Research  
 BC Academic Health Science Network  
 Health Sciences and Social Science Faculties at universities and colleges across BC

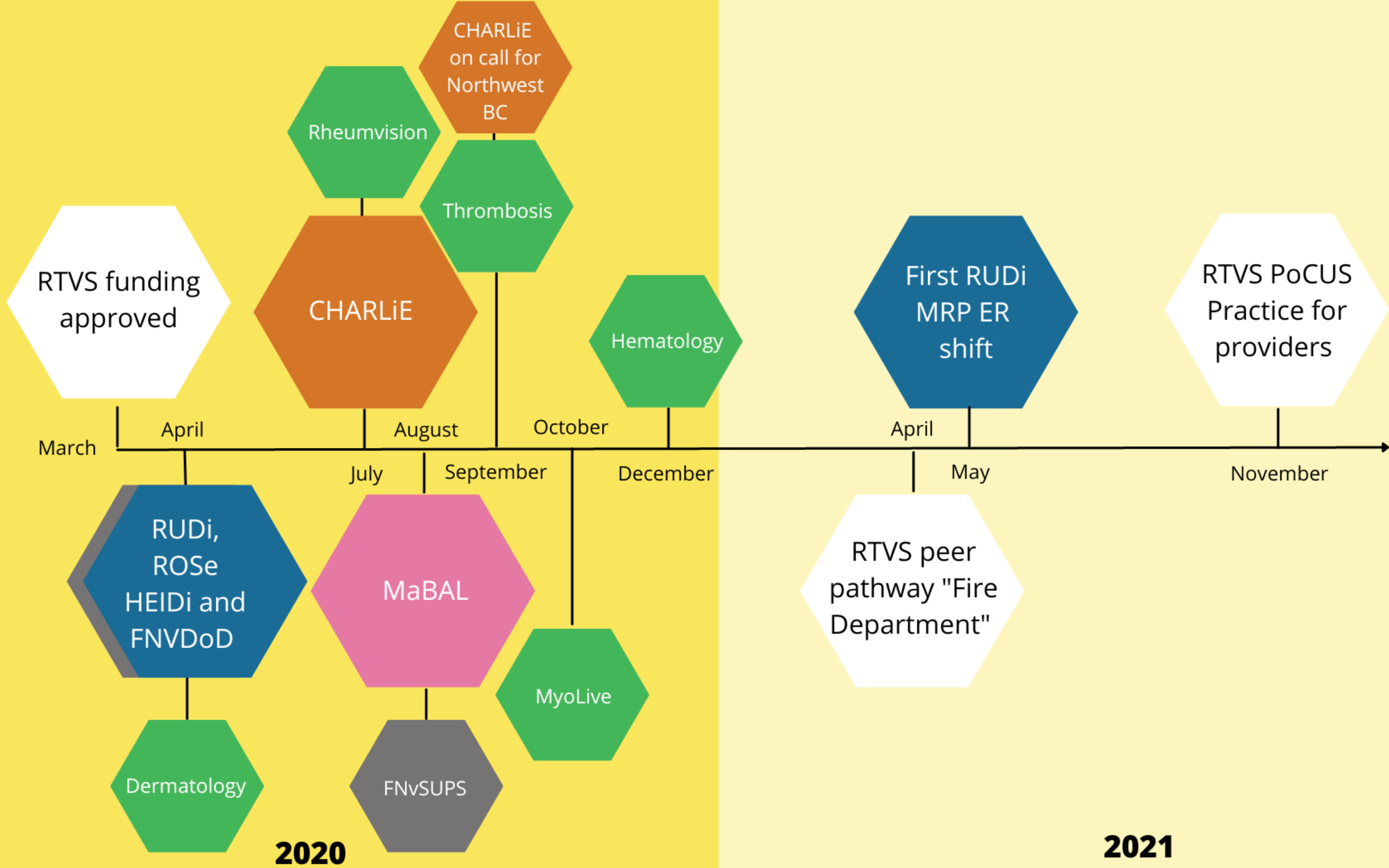
# RTVS Legend



Real-Time  
Virtual Support



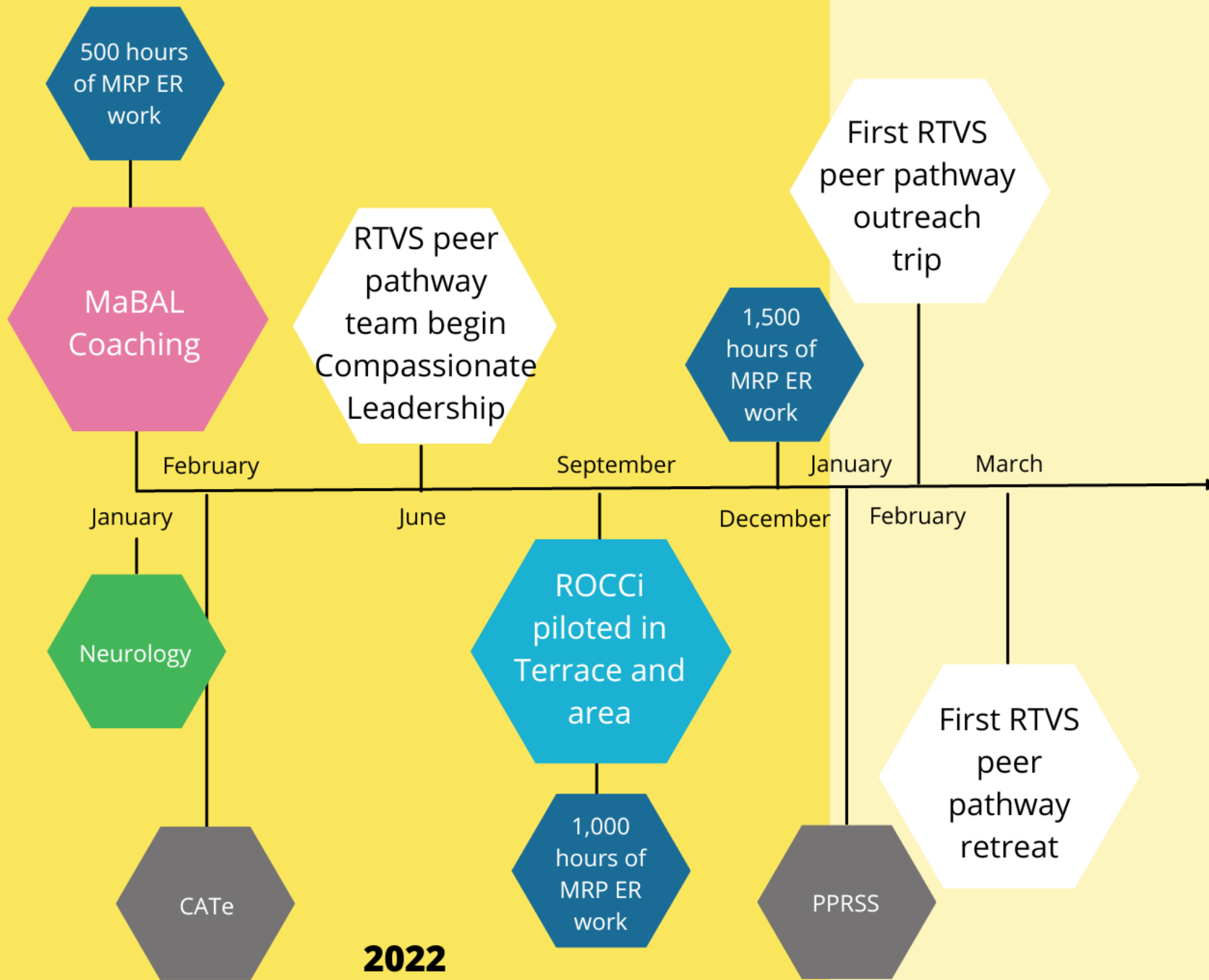
**Policymakers, health administrators, health professionals,  
academics, community members and linked sectors**



**2020**

**2021**



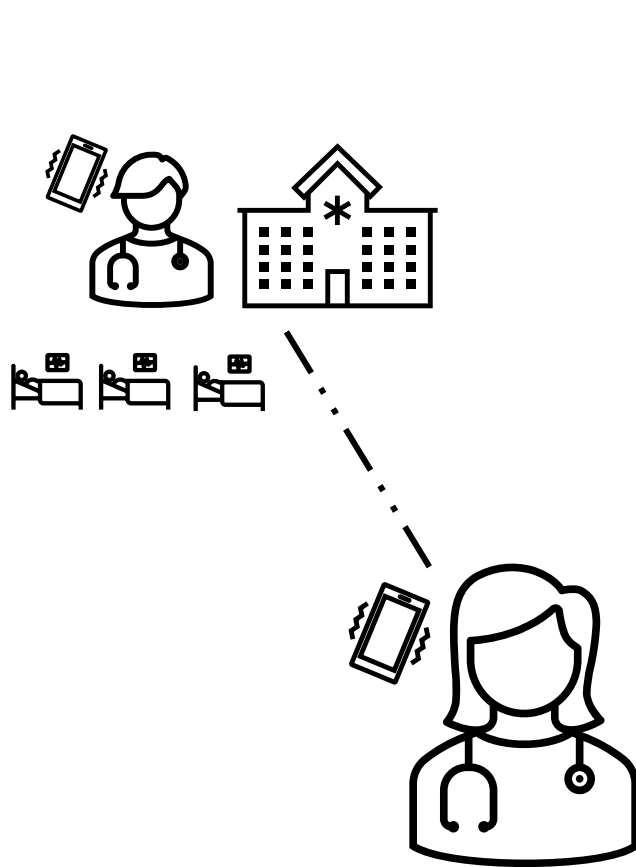


**LEGEND**

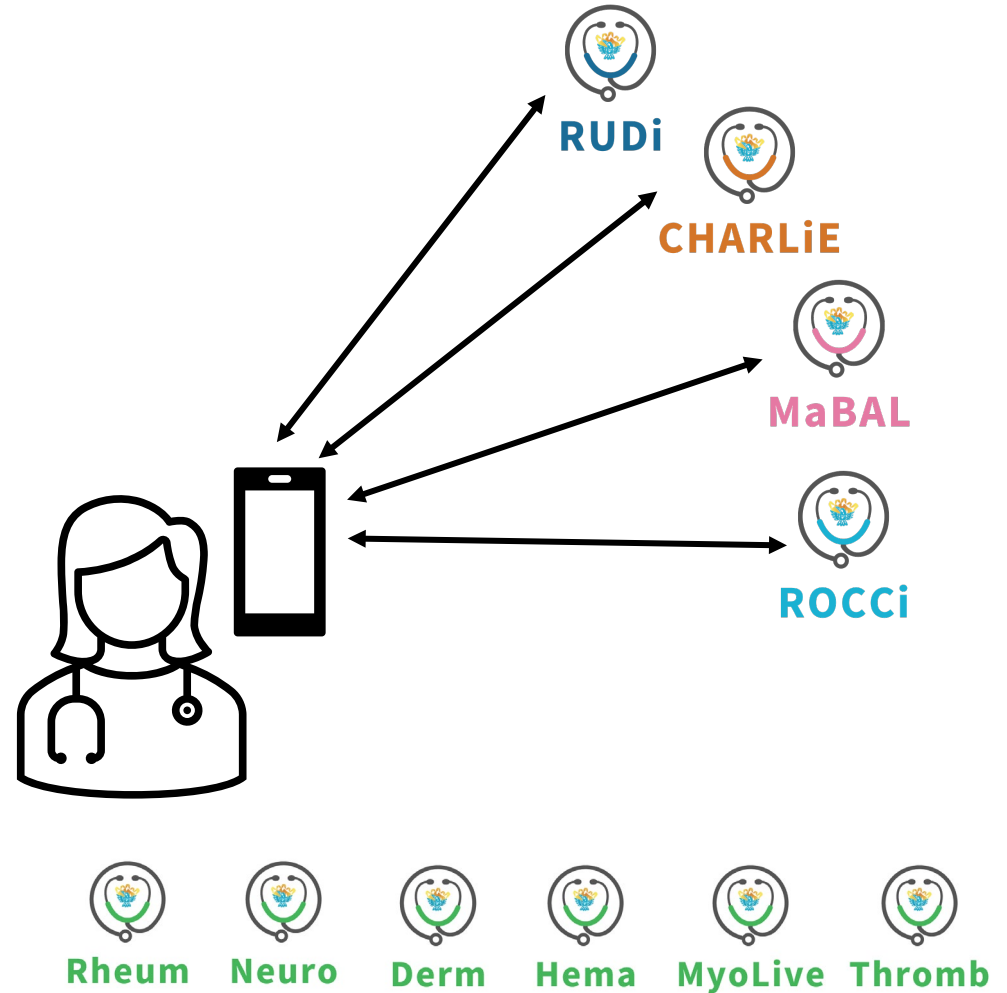
- CATe:** COVID Antiviral Therapeutics e-team
- CHARLiE:** Child Health Advice in Real-Time Electronically
- FNvDoD:** First Nations Virtual Doctor of the Day
- FNvSUPS:** First Nations Virtual Substance Use and Psychiatry Service
- HEiDi:** Healthlink BC Emergency iDoctor-in-assistance
- MaBAL:** Maternity and Babies Advice Line
- MRP:** Most Responsible Provider
- PoCUS:** Point of Care Ultrasound
- PPRSS:** Provincial Prescription Renewal Support Service
- ROCCI:** Rural Outreach in Critical Care and Internal Medicine
- ROSe:** Rural Outreach Support Electronically
- RUDi:** Rural Urgent Doctor in-aid
- RTVS:** Real-Time Virtual Support

**2023**

# Then vs now: Changing the culture through RTVS

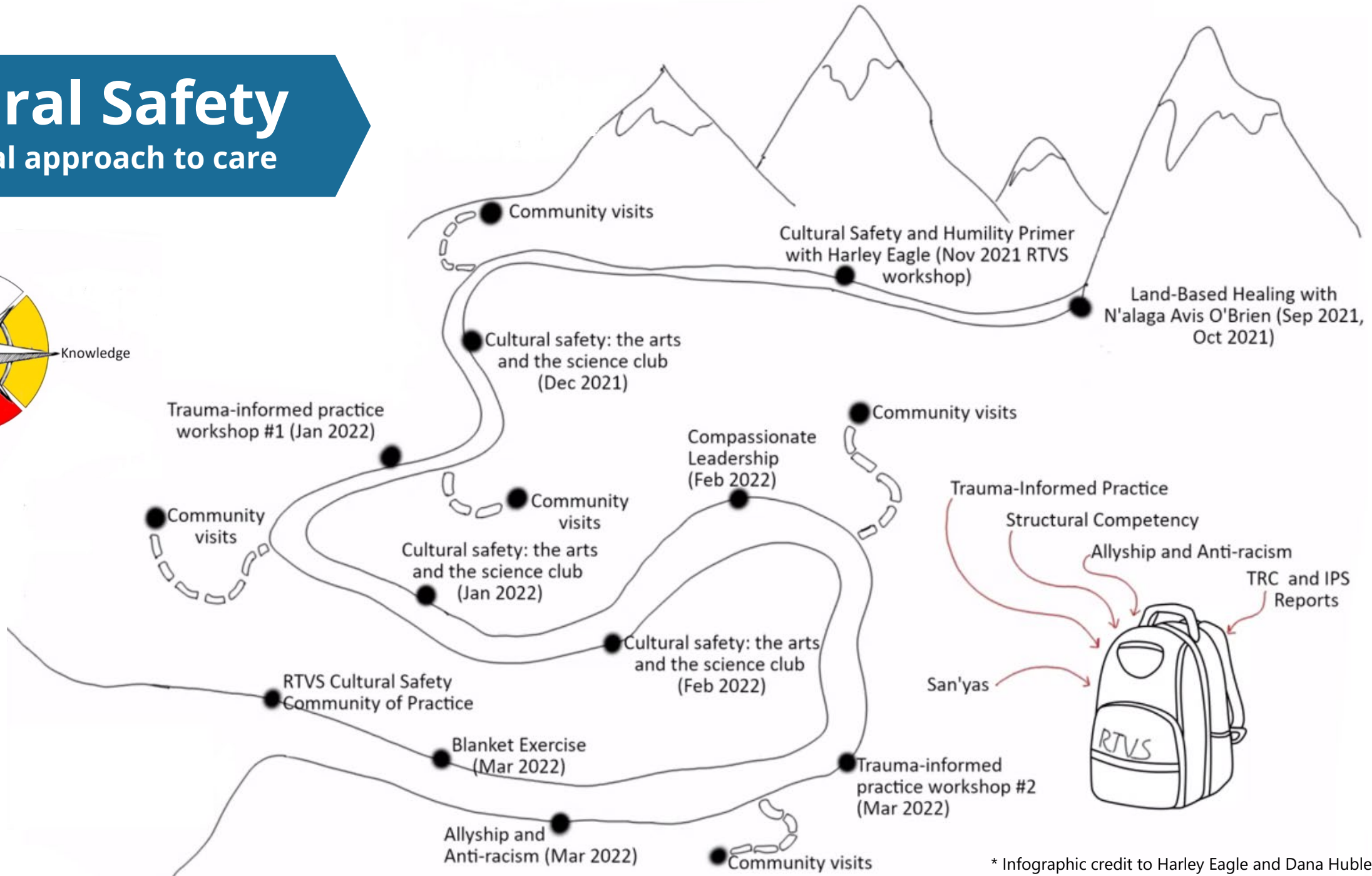
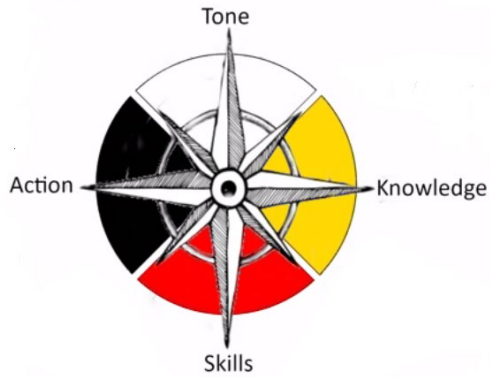


**VS**

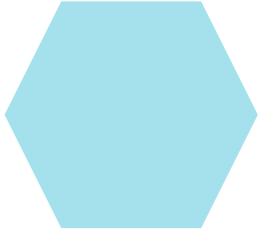


# Cultural Safety

A relational approach to care

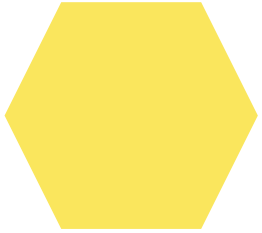


\* Infographic credit to Harley Eagle and Dana Hubler



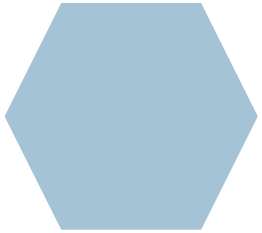
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Network Director - Rural Coordination Centre of BC



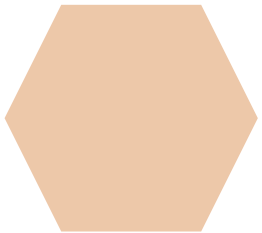
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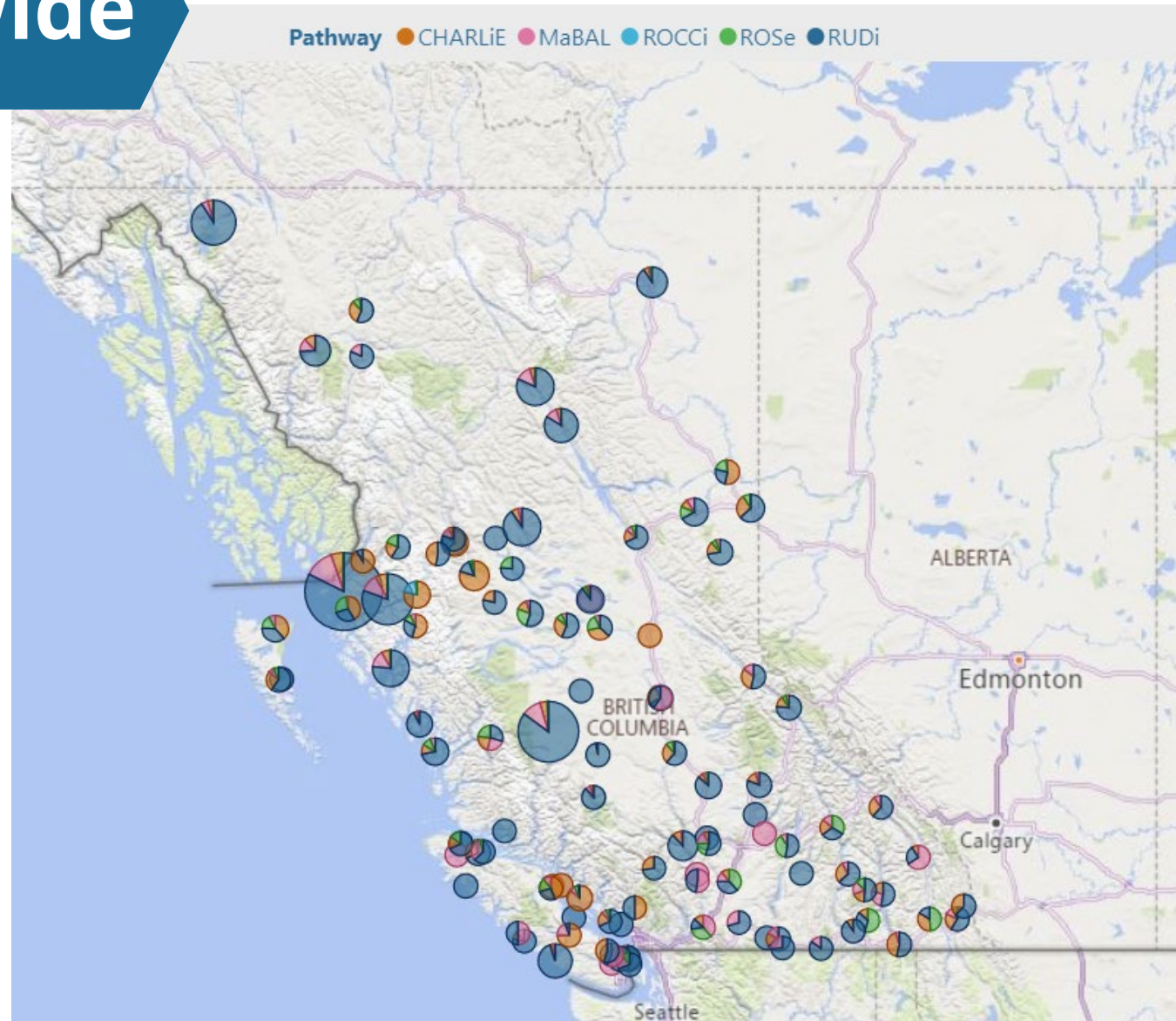


**Rebecca Tallman**

Health Director - Kwadacha

# The need is province-wide

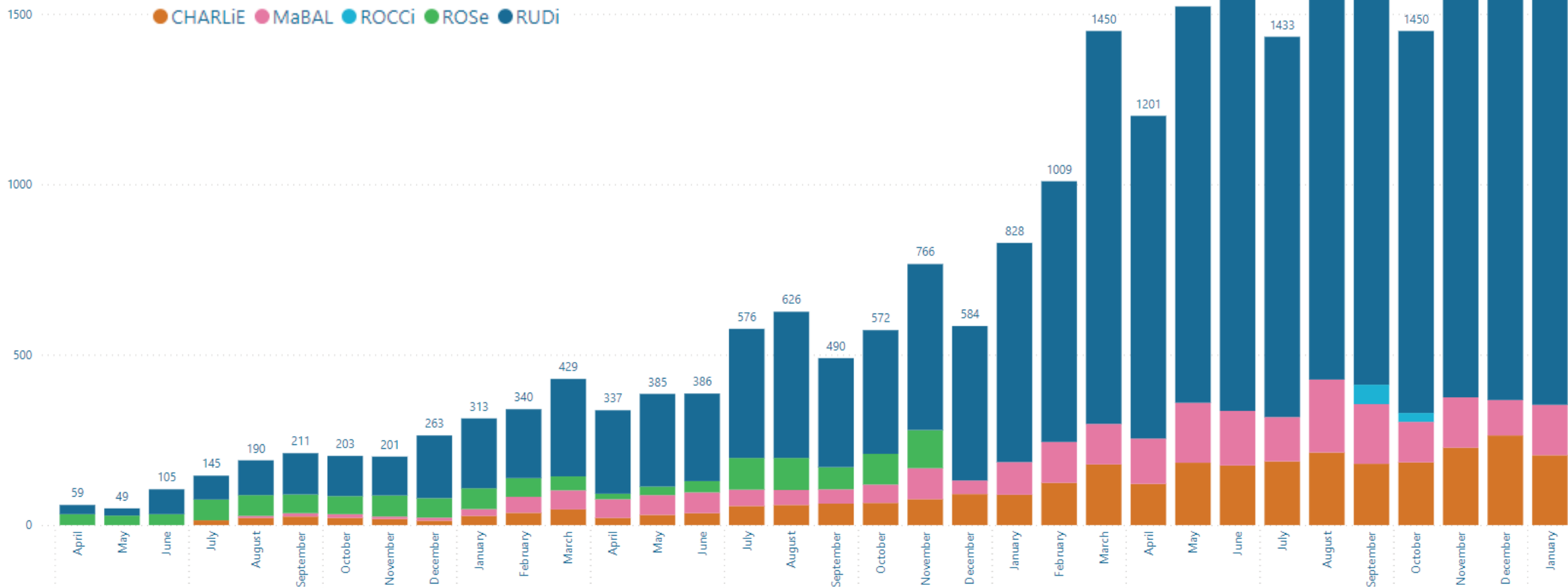
- 71% of calls originate from northern BC
- 8 out of 10 sites with the highest utilization are First Nation communities
- 64% of calls are Virtual Physician to Nurse consultations
- 136 communities served



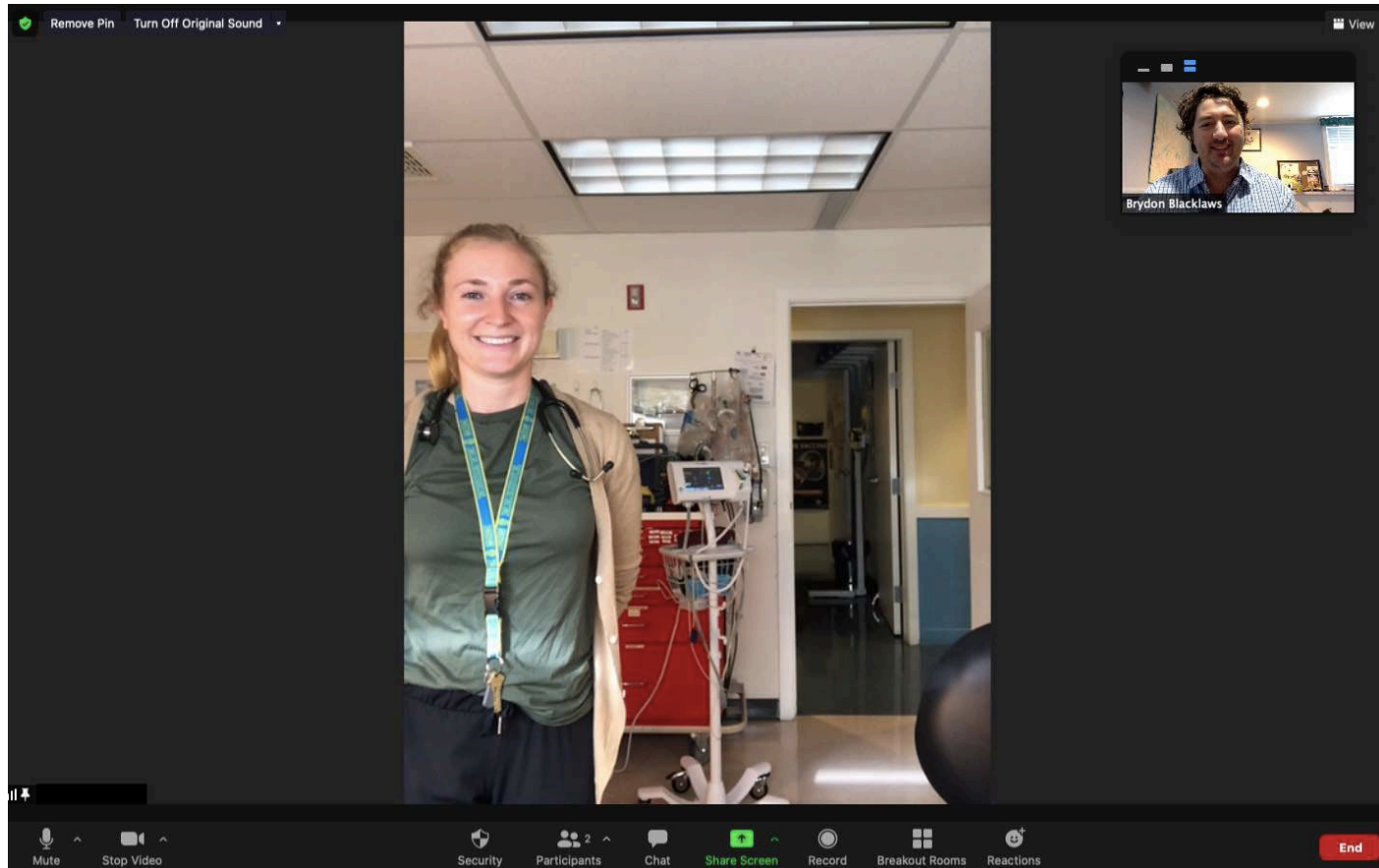


# Meeting the demand

RTVS Instant Access encounter volumes 2020-present



# From an RTVS Peer Provider Perspective



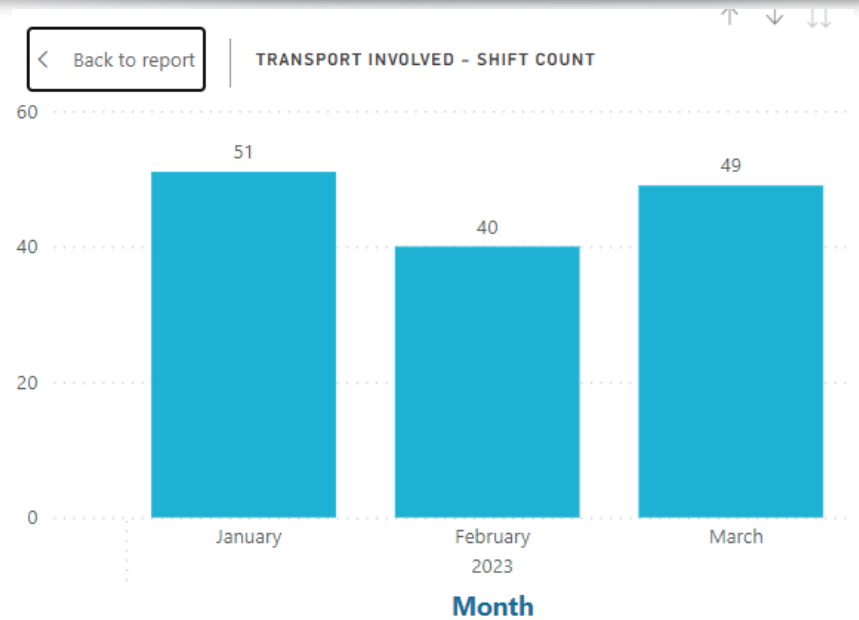
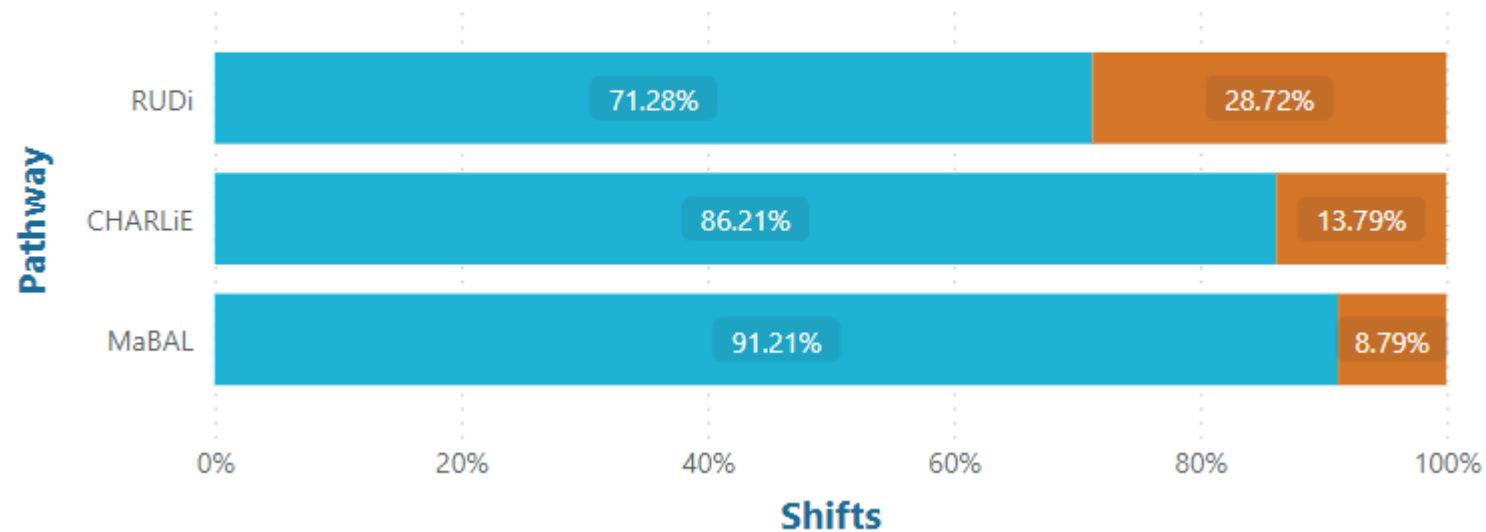
# Supporting Transport

This undoubtedly helped me to ensure that the patient made it safely to a higher level of care. I am an RNC in a community only accessible by boat or helicopter without the help of these doctors I would not have been able to ensure the resuscitation would have been a success  
-- Rural RNC



## Shifts by Pathway and Transport Involved

Transport Involved ● False ● True



# Vital clinical support at the right time



Critically ill patient with septic shock in an isolated water access only community. The patient had recently returned from a complicated course in hospital in a tertiary care centre.



**RTVS undoubtedly helped me to ensure that the patient made it safely to a higher level of care. I am an RNC in a community only accessible by boat or helicopter without the help of these doctors I would not have been able to ensure the resuscitation would have been a success.**



-- Rural RNC



# Supporting Recruitment and Retention

## Provider support case study #5 Northwest - Oct. 2022



Young teenager critically injured in head-on collision arrives into rural clinic more than one hour's flight from nearest hospital.

“ That could have been a very traumatizing case for me to have right out of Residency and I don't think I would be feeling as comfortable and excited to go back up North if I didn't have RUDI helping me through it.

-- New locum doctor ”



## Testimonial

“We are able to provide better service to clients and RTVS supports us in our practice, so we are more likely to stay in this line of work. Supporting the longevity of our careers and recruitment and retention in these areas.

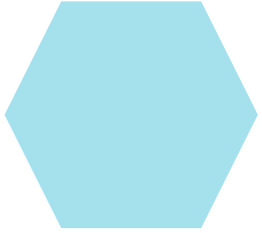
[The virtual physicians] **listen**. They are **empathetic**. They value our experience and what we are seeing. They communicate well with us. They obviously **care** about and value what we are doing.”

Rural Nurse



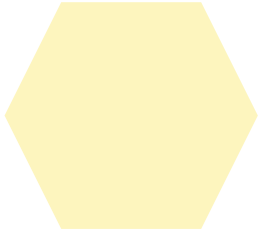
Real-Time  
Virtual Support





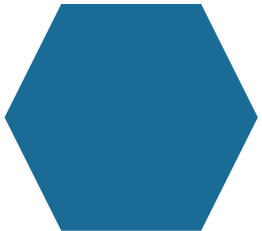
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Network Director - Rural Coordination Centre of BC



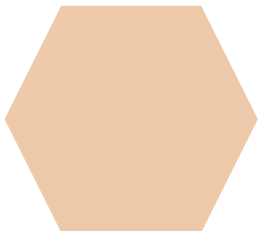
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# Supporting Indigenous communities across BC

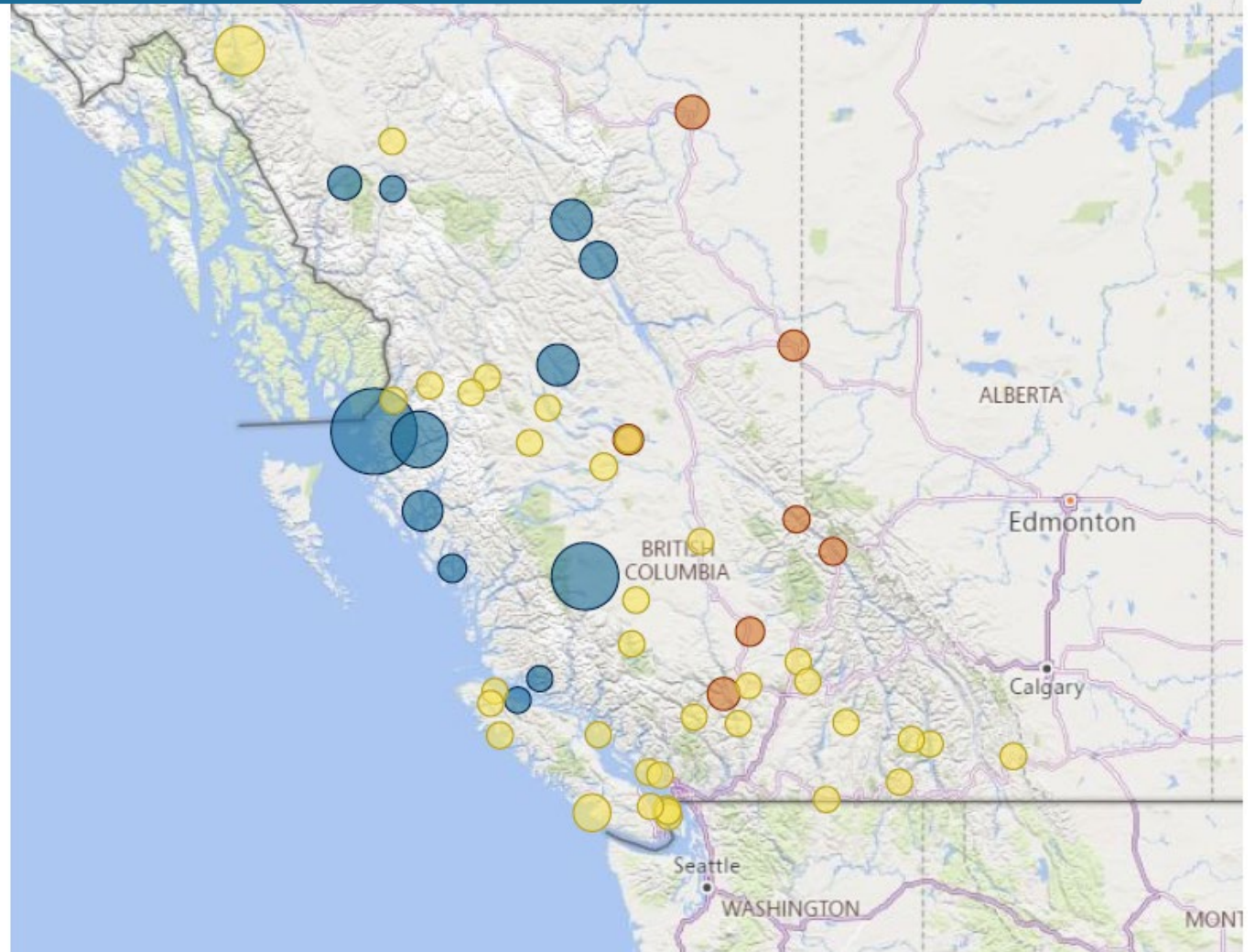


**Nursing stations**



**Health centres  
including sites  
mostly staffed by  
nurses**

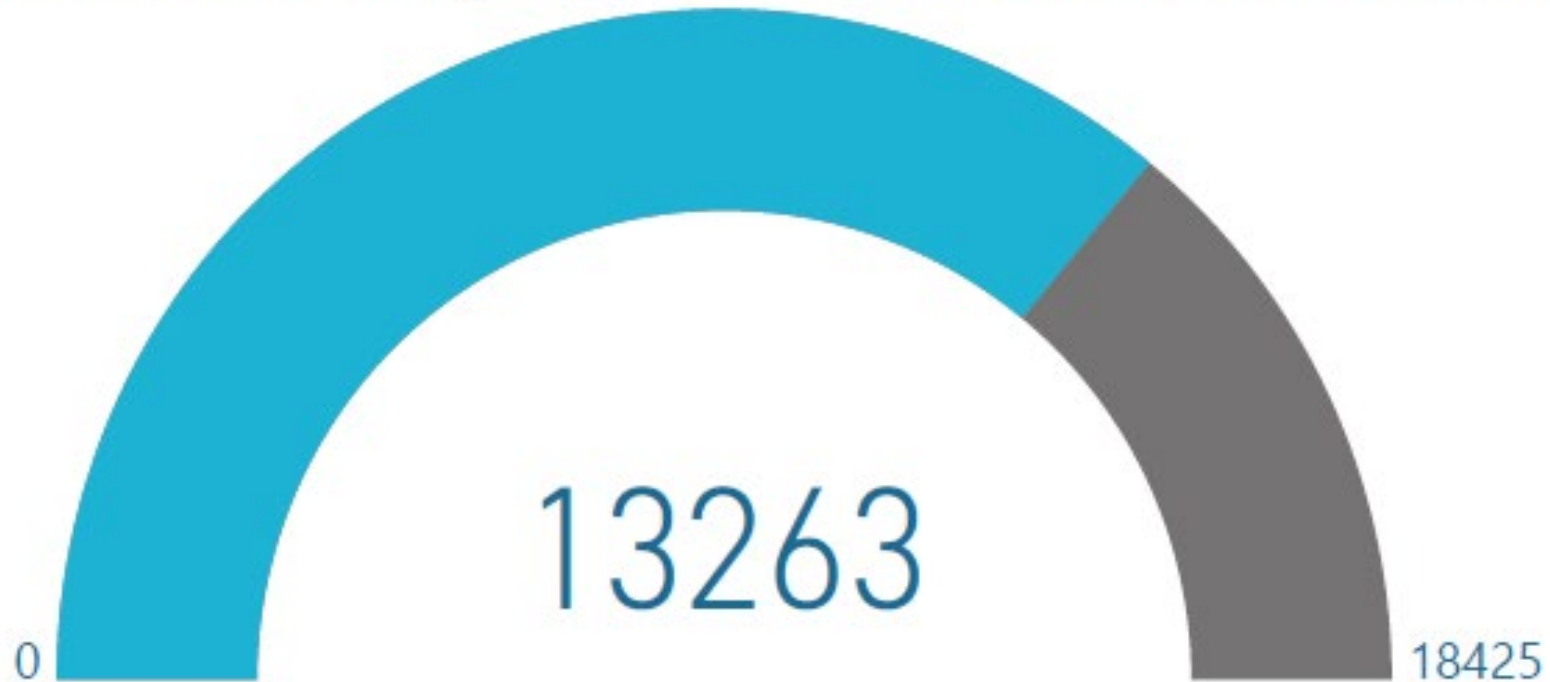
- 8 FNHA direct service Nursing Stations + several other nursing stations
- Multiple First Nations Health Centres



# Accounting for most RTVS peer pathway calls



Calls from Nursing Stations & Health Centres vs Total Calls

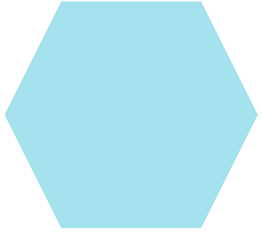


# Making a difference



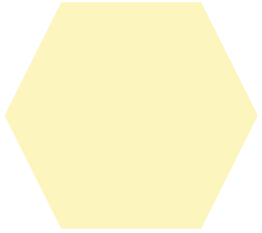
“The impact of access to RTVS has provided FNHA nurses the opportunity to provide a better standards of care, impacting access to care. It is helping bring us closer to equity in BC First Nations communities where it comes to accessing the health care system, in ways traditional systems do not. There are impacts in the moment, client specific situations where we can provide better care in the moment, and wider impacts with RTVS building trust between First Nations people and the health care system.”

–FNHA Practice and Operational Team



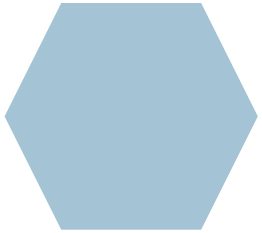
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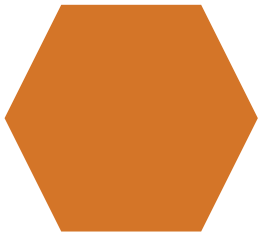
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# Hearing from a community we support

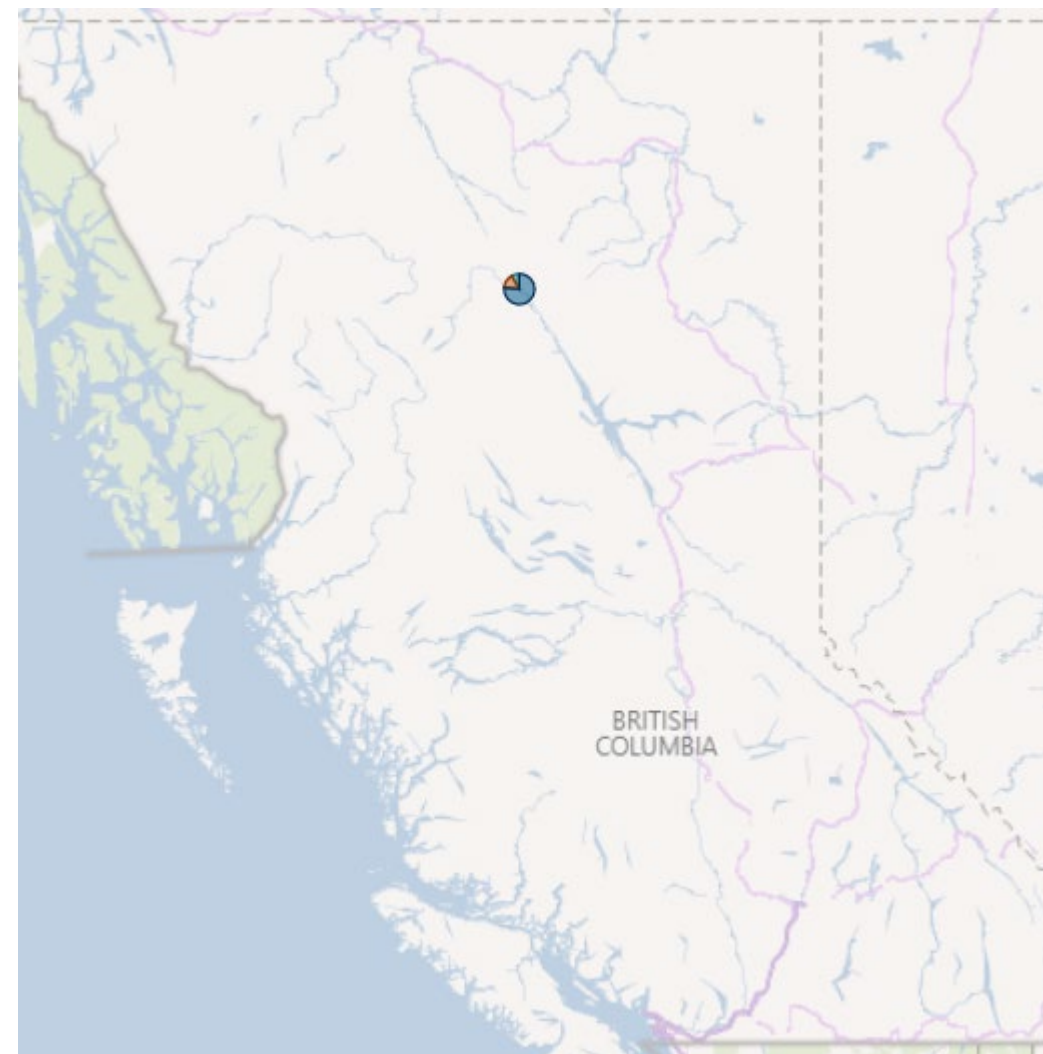


## Kwadacha

Has called for support from RTVS peer providers during 353 separate shifts since May 2021

## Calling in

Rebecca Tallman  
Health Director

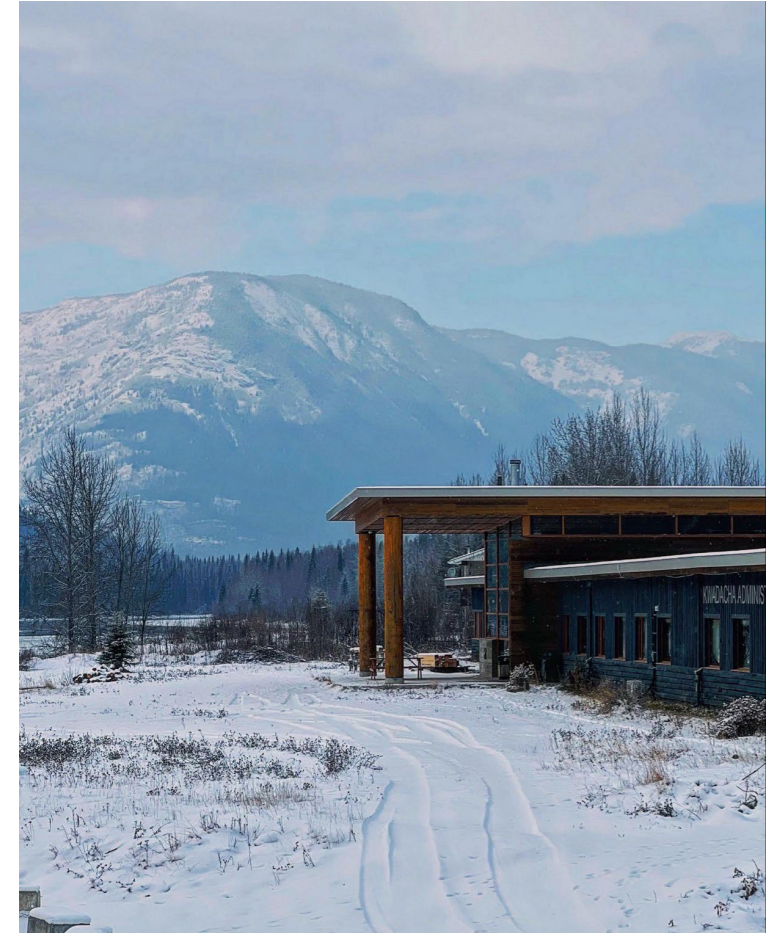
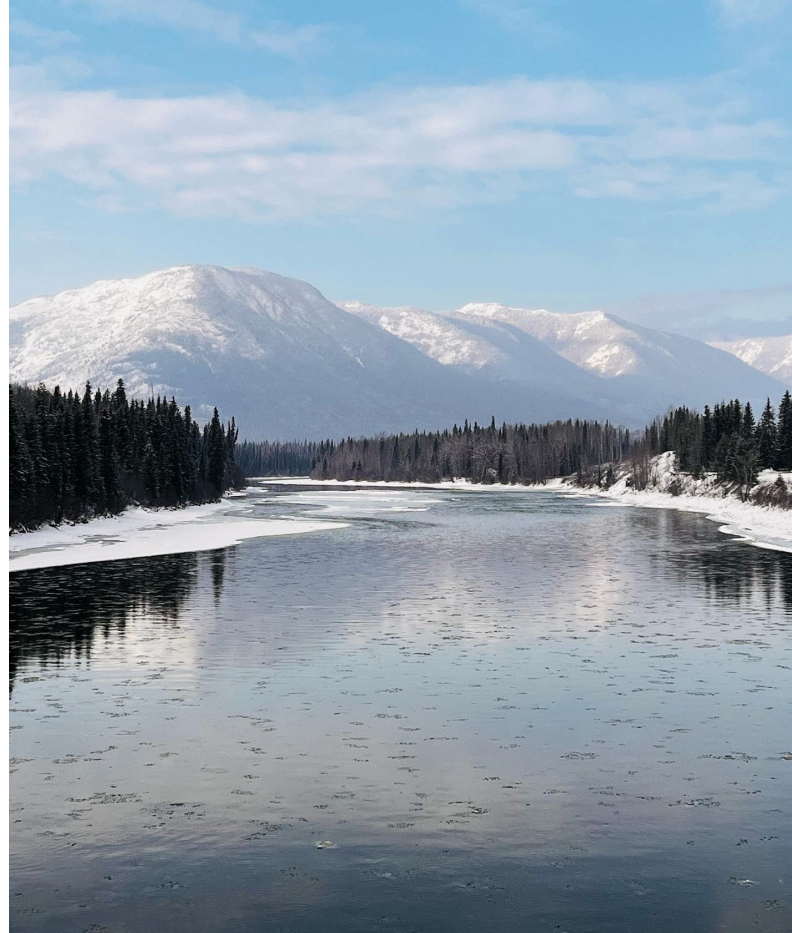


# More about Kwadacha





# More about Kwadacha





# **Real-Time Virtual Support**