JUNE 2023

Emergency Department Closures in Northern, Rural and Remote Regions

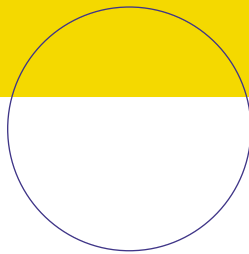
Policy Guidance

Healthcare Excellence Canada
Excellence en santé Canada

About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) works with partners to spread innovation, build capability, and catalyze policy change so that everyone in Canada has safe and high-quality healthcare. Through collaboration with patients, caregivers and people working in healthcare, we turn proven innovations into lasting improvements in all dimensions of healthcare excellence. Launched in 2021, HEC brings together the Canadian Patient Safety Institute and Canadian Foundation for Healthcare Improvement.

Healthcare Excellence Canada



We arrived at our key messages by examining policy issues under three categories:

1. **Health human resources**

   Ensuring an adequate supply of skilled workers is a challenge across the health sector and is especially challenging in smaller communities. Strategies for addressing health human resource issues are wide-ranging and include:

   - Optimizing scopes of practice by adjusting process and providing education, training and mentorship for healthcare professionals

2. Accessibility of care

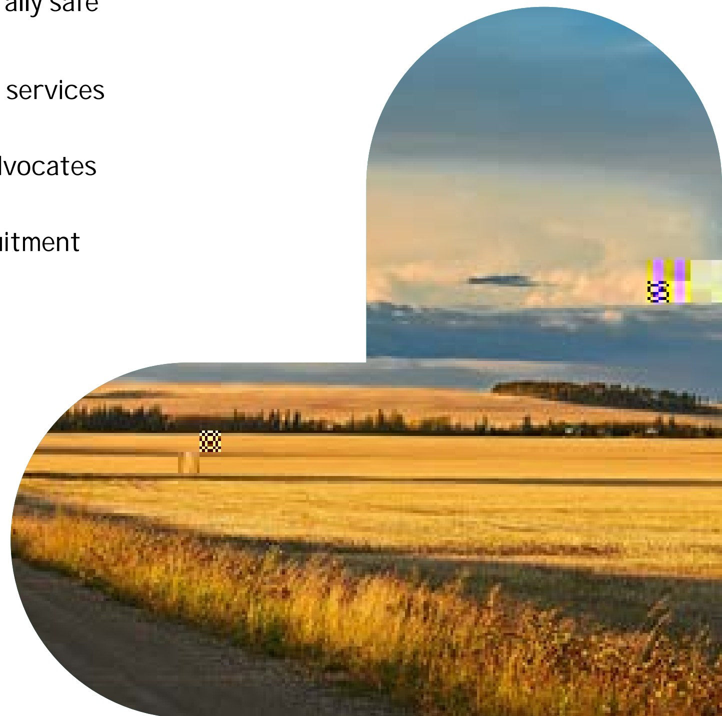
Rural, remote and northern communities experience overloaded EDs partly because it can be di cult for people to access care in the community when and where they need it. This reliance on EDs can cause major disruptions when EDs have to close. Potential solutions include:

- Using multi-disciplinary teams so that professionals with the highest scope of practice are reserved for the most urgent cases
- Bringing support closer to patients, which helps prevent transfers to EDs
- Increasing access to other care options, including videoconference assessment
- Leveraging virtual care supports in ways that are accessible via local broadband services and that address privacy concerns

3. Culturally safe and equitable care

Northern, rural and remote residents have unique needs, and well-rounded solutions are developed in close consultation with the communities that EDs serve. A path toward developing culturally safe and equitable care can include:

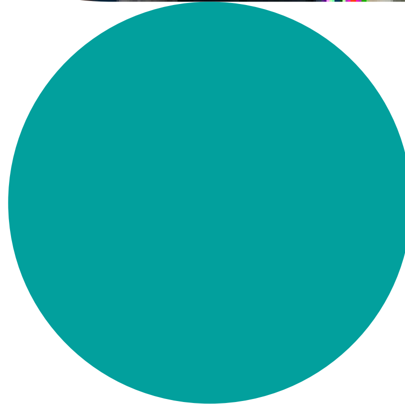
- Conducting a robust needs assessment to understand the services required
- Ensuring safe and equitable care, consulting community advocates throughout
- Providing culturally safe workplaces to improve sta recruitment and retention

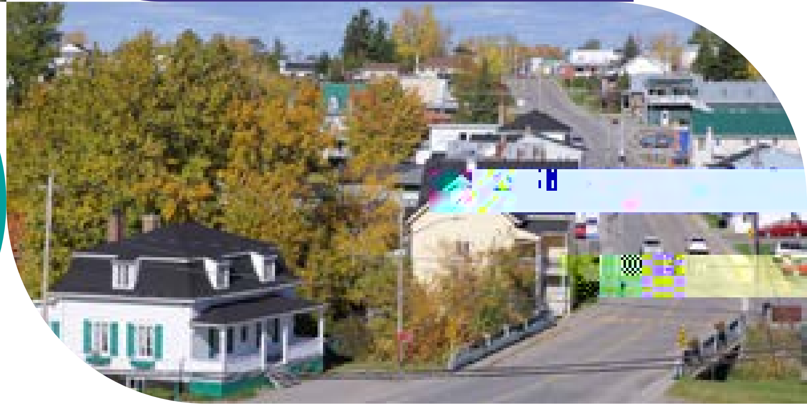


Conclusion

Smaller populations and smaller teams can make the sustainability of services more precarious, requiring creative solutions to optimize resources and support care needs. Solutions will require strategic investments, new roles and types of providers, close attention to the issue of recruiting international graduates and appropriate leveraging of technology.

Agile and adaptive leadership, in combination with an inclusive and partnered approach to innovation that focuses on the features and needs of communities, will assist in implementing e ective and responsive policies and practices.





Background and objectives

On February 1, 2023, Healthcare Excellence Canada convened a collaborative discussion to explore, from a policy perspective, strategies and care delivery implications related to emergency department (ED) closures in northern, rural and remote communities. Participants attended from nine provinces and territories, with multiple perspectives represented, including patient partners, front-line providers, health leaders, regulatory bodies, national associations and policy-makers in government.

The objectives of this session were to do the following:

- Incorporate multiple stakeholder perspectives — patients, providers, health

Policy guidance: Stakeholder action to stabilize ED services in northern, rural and remote communities

Health Human Resources

Ensuring an adequate supply of skilled workers is a challenge across the health sector. This issue is more consequential in smaller communities due to smaller sta s and lack of exibility to add additional capacity if

Retain current sta

Retention was identi ed as among most e ective ways to ensure a stable supply of trained healthcare workers. Local sta understand the geographic, cultural, social and economic contexts they are working within, leading to a better understanding of what appropriate care is within their own communities.

The need to improve the safety and security of sta traveling across great distances or in remote areas was highlighted, as was the need to ensure greater pay equity for healthcare professionals working in northern, rural and remote communities. Agency sta ng has become part of how services are delivered, resulting in di erences in pay between health professionals providing the same vital services. This has led to intra-professional competition. To retain health professionals and acknowledge their important contributions to northern, rural and remote communities, fair and equitable pay is one of several bene ts important to consider.

Additional retention incentives are important to people, including time to renew and recharge. Participants noted the need to engage with the current workforce to understand how they can be supported to stay in their current roles. As an example, Ontario has implemented an emergency department peer-to-peer program to provide mentorship, coaching and assistance to physicians in northern and rural hospitals. This support may contribute to a sustainable capacity to provide care and reduce burnout. The Alberta Medical Association's Physician Locum Services provides incentives for locum physicians to provide coverage and relief for physicians practicing in rural communities.

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Accessibility of Care

Accessibility of care in rural, remote and northern communities is a challenge beyond just the provision of emergency services. In addition to precarious ED services, some communities are also under-served in primary care, speciality care and community services such as home care. When primary and community care are limited, community members often need to access the ED for routine services that would be better provided in other settings if the services were available. This reliance on the ED can cause even greater disruptions when ED closures happen.

Use multi-disciplinary teams

One potential solution to deliver care in more appropriate settings is to use multi-disciplinary teams to leverage various types of expertise and reserve the professionals with the highest scope of practice for the most urgent cases. For example, Ontario's Renfrew County Virtual Triage and Assessment Centre (VTAC) offers remote consultation via family physicians, with paramedics supporting in-home care where needed.

Alberta's HealthLink service includes the Virtual MD program, where patients first triaged by registered nurses can virtually connect with a physician for certain cases requiring timely connection to medical advice. While multidisciplinary care increases the range of providers who can deliver care, health services upstream and downstream from the ED still need greater continuity. By focusing on the patient's or community's need, the design of care follows.

As an example of team-based care leading to appropriate care, patients referred to the Vancouver Spine Surgery Institute are first triaged by advance practice physiotherapists to determine the most appropriate care pathway. It is estimated that approximately 70 percent of patients referred do not ultimately require surgery after being assessed, but instead would benefit from other interventions.

Bring support close to patients

By virtue of being geographically distant from some necessary services, northern, rural and remote community members are often required to travel to other locations, sometimes at great cost, to access care. In addition to practical considerations such as ability to secure travel, costs of the travel and, potentially, accommodations, residents confront considerable navigational issues. Northern, rural and remote residents also can encounter multiple levels of government when seeking care. And when patients need to seek care outside their home province or territory, the lack of an integrated health record hampers continuity of care.

Bringing support closer to patients and providers can sometimes help prevent transfers or medical travel. Manitoba's Virtual Emergency Care and Transfer Resource Service (VECTRS), launched in Winnipeg, offers healthcare providers in northern, rural and some Winnipeg facilities improved access to specialist consultation for clinical advice and when coordinating the transfer of patients.

Increase access to other care options

Efforts to increase access to care options outside the ED is one strategy not only to take pressure off EDs, but also to minimize disruption if closures are required. As an example of increasing options for receiving care, the *Alberta Mental Health Act* has been amended to add nurse practitioners to the providers authorized to examine a patient and increases flexibility in the locations permitted to assess a patient. Allowing assessments at secure locations rather than designated facilities expand a patient's ability to connect with a healthcare provider closer to the patient's home. Additionally, allowing assessments via videoconference can eliminate the need for additional travel. These options to have care provided by different types of providers, or in different locations, can enhance service and be supportive when EDs close.

Increasing access to primary care and supporting greater use of community-based services can help meet local needs. Paramedicine and home-based medicine are showing great innovation in providing care to northern, rural and remote residents. As part of a multidisciplinary team, patients can receive care in their homes or in their communities, and do not always require emergency care.

The role of paramedics providing community care has shown promise in recent years, adding vital assessment and treatment services to communities – though a standardized approach for implementing the addition of this profession into non-traditional care settings requires further development. In addition, jurisdictional issues need to be resolved to facilitate timely and accessible care. This includes clarifying, for example, whether paramedics from a regional health authority can travel onto a reserve (federal jurisdiction) to treat patients. The potential to better serve patients

is spreading: Prince Edward Island, for example, has successfully incorporated paramedics into community-based care roles in a number of scenarios.

Changing the location of services outside traditional settings can also increase the capacity and in some cases appropriateness of services. For example, some provinces allow the delivery of mental health and substance use services outside of EDs, helping to increase capacity in the community and providing services that are more patient-centred. A Toronto initiative has created a stand-alone clinic for people with alcohol intoxication to be dropped o by paramedics (instead of accessing an ED). Care is taken over by harm-reduction workers, case workers and an on-call physician. Patients have a safe and supportive location to rest and recover while receiving health and social supports. This clinic has addressed the needs of this population, diverted patients from unnecessary ED visits and freed up paramedics to return to the community faster.

Leverage virtual care supports

The use of technology is another way to increase capacity for services in northern, rural and remote

Culturally Safe and Equitable Care

The needs of residents living in northern, rural and remote communities are unique and require thorough consultation to support population health. The issues most commonly experienced in a community are not always re ected in its services and care options.

Policies for ED services, as well as services in the community, are best developed in partnership with patients, essential care partners and families from these communities. Special attention should be given to addressing disparities in access and health outcomes by engaging First Nations, Inuit and Métis partners to help health services meet their obligations under the

Conclusion

The unique circumstances and contexts of life in northern, rural and remote communities can create challenges for the delivery of healthcare. Despite these challenges, there are many dedicated and innovative leaders, providers and community members committed to nding ways to improve services to meet the needs of residents. Smaller populations and smaller teams can make the sustainability of services more precarious, requiring creative solutions to optimize resources and support care needs.

- Strategic investments to help local individuals enter healthcare careers was an approach that participants strongly recommended as an e ective way to cultivate and retain a healthcare workforce.
- In certain circumstances, adding new roles and types of providers to teams can enhance care and deliver it in more appropriate settings.
- Simultaneously, addressing processes for assisting new graduates, internationally educated health professionals, and those seeking to practice in northern, rural and remote communities can assist to bolster teams.
- Leveraging technology to support delivery of care, when appropriate and feasible, can contribute to goals of sustainability and high-quality care.

As health systems across the provinces and territories incorporate adaptations and improvements emerging from the pandemic, there is opportunity in both policy and practice to catalyze creative and innovative approaches to the delivery of care.

During these times of continuing uncertainty and upheaval, health leaders are constantly facing new leadership challenges to ensure ongoing service delivery and innovation, and to create integrated systems that best serve patients, families, 411.6962 Tm[(cons)18 (tan)13 (t)7 (ly3f,ng t

Appendix A: Historical context

The issue of emergency department (ED) closures is not new. Challenges in organizing and sustaining healthcare services in northern, rural and remote communities have existed for decades. What has worsened is the frequency and length of these closures, and that we are now seeing these challenges in larger centres, including major urban centres. Health system challenges related to ED closures can be broadly summarized as follows.

Capacity issues in the health system often reveal themselves in emergency departments. Capacity issues experienced within emergency departments serve as an early indicator of other challenges experienced across the health system. In northern, rural and remote regions of Canada, this might mean a shortage of community-based options, such as primary care, which brings patients into the ED who might otherwise be treated elsewhere if resources were available.

Even a decade ago, the Canadian Institute for Health Information (CIHI) found that one in five people who visited the ED could have had their condition treated in a family practice[1]. Nearly half of these visits were for upper respiratory infections such as colds, antibiotic therapies, sore throats, ear infections and care following surgery such as dressing changes and removal of stitches. Additionally, ED capacity can be stretched thin when there are too many inpatients elsewhere in a facility, preventing a flow of patients that need to be admitted from the ED.

ED imbalances can be viewed from a population health perspective as reflecting unmet need for services. At a population level, an increase in the burden of chronic disease has been observed due to an aging population, increases in obesity and other risk factors. Additionally, the burden of mental health concerns has increased significantly due to efforts to reduce the stigma associated with mental illness.

Many patients with these concerns end up in the ED due to a lack of access to primary care, culturally safe care or other necessary resources. Referencing pre-pandemic data from CIHI, one in three ED visits by older adults living in long-term care were for preventable or non-urgent issues where the patient did not need to be admitted[2]. Understanding the needs of a community, region or population — and serving them equitably — is key to improving health outcomes.

Lack of integration between healthcare services across the continuum. There is a need to work with communities to understand what kind of system design would work best for those living in northern, rural and remote communities, especially those facing ED closures. How can the system support the needs of the population and utilize the most appropriate resources for care? What are the unmet needs and what are the strategies that can be used to meet these needs?

Health human resources is an umbrella term that encompasses a significant number of complicated and connected issues[3]. ED nurses are more likely to experience aggressive behaviour from patients than nurses from other departments[4] — a situation made worse when there are long waits or challenges in accessing services. There is increasing and widespread recognition of burnout and moral distress in the health workforce.

The COVID-19 pandemic context

The COVID-19 pandemic exacerbated already-existing challenges in EDs, with effects particularly pronounced in northern, rural and remote communities.

Recruitment and retention challenges were even more marked in the face of higher volumes, higher acuity of cases, significant personal risk and moral distress and absences, which increased workloads and overtime — a negative cycle.

Concerns regarding the risk of virus transmission in health settings led many to delay care, leading to greater acuity once they made it to the ED. Patients also delayed routine care, such as childhood vaccination, cancer screenings, etc., potentially leading to worse outcomes and a greater burden of illness, some of it preventable. Further, the need to deploy providers to units treating patients with COVID-19 led to further access delays to non-emergent procedures, causing increased wait lists and sometimes poorer outcomes for patients. Issues of equity and population health became ever more pronounced.

The COVID-19 pandemic has served as a real-time test of the effectiveness of Canadian healthcare systems. It has highlighted areas where operational change and policy reform are critical, while also uncovering innovations and system resilience.

Legislative/regulatory context

In Canada, responsibility for the regulation of emergency healthcare is primarily within the jurisdiction of the provinces and territories. Canada's Constitution Act assigns responsibility for hospitals to the provinces and territories. Within provinces and territories, the federal government funds and operates some services directly in First Nations reserves and Inuit communities. In most provinces and territories, the ministry or department of health is responsible for health and care system planning, setting strategic policy directions and priorities, legislation, standards and guidelines, monitoring, accountability, compliance and the funding of services.

In a few instances, direct legislation in Canadian provinces and territories has guided the provision of emergency services or laid out guidance on what care should be provided when an ED experiences a closure. However, new elements of provincial and territorial law and regulations indirectly related to care provision may be needed to inform the planning for ED closures. The following elements provide a framework for considering how emergency services can be diverted and delivered safely:

- regulation
- licensure
- legislated restrictions on health care provider roles within hospitals
- location of emergency services
- oversight of closures by the minister or provincial health department
- health information privacy legislation
- privacy legislation and virtual care

Several jurisdictions have made legislative or regulatory amendments to create new options for types of providers that can deliver care, to allow care to be delivered in di erent ways or to create greater cohesiveness across provinces and territories for allowing care to be delivered more seamlessly. In other cases, organizations have created agreements or standard ways of working so that patients and residents bene t.

Healthcare Excellence Canada requested a scan of legislative and regulatory issues to provide background and inform the strategies presented in this report. The full version of the scan is available upon request. Please contact info@hec-esc.ca for more information on this policy guidance report or to request the full version of the legislative scan.