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RCCbc Site Visits Specialized Report: Healthcare Transportation Issues in Rural British Columbia

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Overview

The current report focuses on themes related to emergency transportation, non-emergency transportation, and environmental/geographical conditions that affect all areas of transportation across the province of British Columbia.

Information has been collected directly from physicians, nurse practitioners, health administrators, First Nation's, and municipality members across ~85 Rural Subsidiary Agreement (RSA) communities in the Northern, Coastal, Interior, Fraser, and Island regions of British Columbia between January 2018 and September 2019.

Themes have been extracted using a qualitative analysis program called NVivo and are expanded upon in further detail. All information has been anonymized following ethical protocols and guidelines.

Emergency Transport

Patient Transfer Network (PTN)

Rural physicians and other health care providers spoke about the Patient Transfer Network (PTN) as an initiative that was frustrating, largely unsuccessful, and "something that kept [them] up at night" due to challenges with communication, lack of geographical knowledge, and lack of efficiency resulting in high-risk scenarios and delays for patients.

> *"PTN is not great and it is difficult most of the time to have people picked up."*

Physicians shared many frustrations when it came to the lack of communication between themselves and PTN members when they state arrival times into communities. Some physicians recalled numerous situations when they were told an arrival time and transportation did not arrive until much later.

> *"We don't know always when the ambulance is coming and we don't know who they are here for and they are equally frustrated too. We need time to know when they are actually going to arrive. They say they are coming and then they don't come until much later."*

> *"There needs to be more honesty about what is available – instead they keep saying they are arranging transport and then say they can't do it once it turns dark."*

> *"Urgent is the worst, that's the one you're banging your head against the wall saying we've got to get this person out because there's only so much we can do. We can package and we can keep them safe but if they need an operation, they need to get out of here. If you have a septic person who's really sick and they've got lines in and stuff and they say 'we're coming at 2, so you tee up*

your drugs', you tee up everything for 2:00 and then 2:30, quarter to 3, I phone and see where they're at - Oh, they had another urgency – [but] they never phoned me and told me. I had [the patient] all sitting, now I've got to re-do my drugs, when you think they're paralyzed, you set them up for an hour and a half trip to [Location X] on the drugs and now the drugs are wearing off and do you want to give [the patient] another shot of morphine?…If they'd phoned and said sorry we've had another emergency, we're going to be delayed [I would be able to react appropriately], but they said 2:00 and they just don't show. We don't get a phone call or anything."

Physicians expressed how an improvement in communications could be made by receiving a higher level of transparency and more frequent updates from PTN individuals. While they recognized how a rural environment contributes to communication delay, they also felt that having one point of contact versus multiple contact points result in constant repetition of a patient's story, areas for miscommunication/misinformation, and increased amounts of frustration. Some individuals suggested that streamlining the chain of communication to a single individual would provide a solution to lost time and misinformation.

"You've got more points where things can be delayed or communication isn't continuous or there is a misunderstanding between two or three parties."

"Would like one story, one person [to communicate with]. It takes so many attempts to tell someone the story and patience to PTN [have to talk to many different people and repeat the story]."

"PTN - having to tell the patient story over four times, which wastes a lot of time on our end."

"If a patient has been medivacked out, all the information that was charted when they were gone doesn't come back with them so making sure that the information is communicated back is difficult."

Another issue frequently identified by physicians and health care administrators was the lack of geographical awareness and rural based knowledge by the PTN when managing patient transfers. One physician reported that the amount of frustration caused by the lack of understanding from the PTN played a role in physician retention loss.

"Geographically no one [from PTN] understands where we are and how much time it would take to get somewhere."

"PTN is an issue because they don't know the geography also often no follow up once patient is delivered. Frustration contributes to the loss of a lot of rural physicians."

The lack of understanding of the local geography, circumstances, and a poor understanding of time constraints has led to the loss of transport opportunities.

"PTN not good at recognizing time frame windows. People who are deteriorating are not helped and a window of opportunity is lost – resulting in patient death."

"Had an acute ischemic limb patient, he had to be in to the hospital within 6 hours. They kept pushing the pickup because they saw the 6 hour pick up window and thought they don't have to pick him up till later. Then eventually they asked how to get him out."

"Took us 6-7 minutes to get over to the airport but it doesn't end here. Supply issues, communication issues, fueling up issues. [The ambulance transporting the patient to the airport] left at 11:30 once and didn't get back till quarter after 1:00. The patient was waiting about 6 days for this transfer. He has a chest tube in – pneumothorax – had to do x-rays every day. Was a very stressful process for the individual."

Overall, physicians and health administrators strongly suggest that the PTN is not as effective as it claims to be. The initiative causes high levels of frustration contributing to some physicians' decisions to leave a rural community. Areas of opportunity include improved communication and transparency; the addition of geographic-focused education; and improvement with regards to the timing and intentional delaying of patient transfers.

"There was a bed available [on day one] but he kept getting bumped from 'higher priority.'"

Proximity to Alberta

Emergency transportation is viewed as even more of a challenge by physicians living in communities that are closer to the Alberta border. There are instances where it is faster to transport a patient to an urban centre in Alberta than to an urban centre in BC, however physicians express that this is ruled-out when arranging for emergency transport for patients. Physicians share stories that showcase their desire to be able to transport patients to Alberta in emergency situations.

"When they arrive, they change the lines, the tubes. Nothing is compatible. The other problem is politics. Obstructionism. There are protocols, if we have a hot stroke, we can get through to rapid and send to Calgary. My second last hot stroke, perfect patient for thrombectomy and called PTN, rapid and put through and accepting physician and stars said we can be there in such and such time. Then PTN said we can be there in such and such a time. They called back to say they hadn't done a weather check. So then they hadn't done a weather check. Half way through, they can't go to Calgary. So now patient is going to Vancouver and didn't have a person on call there."

"Alberta has been great at providing services and great services that are close. Over the last couple years though, we are getting shut out of being able to use Alberta so we really feel adrift. What used to be a plus is [now] a negative. I don't think BC has the infrastructure to deal with us. Now we are getting told in transport and straight old healthcare if you make an elective referral, I think everyone is getting letters from Alberta saying, 'I can't accept that.' Our patients travel a direction they aren't used to going and it's difficult. Alberta is where we are mentally connected. Resources and capacity and transport. Our [BC] transport is dismal."

"Transferring patients to Alberta is faster than transferring to [BC Urban city X]. The roads are better, they're straight. The [bad section of highway] makes it almost impossible to transfer patients to [BC Urban city X] most of the year. There is no radio signal there either, it's dangerous…Biggest issue is why they can't transfer to Alberta even though they are closer. They have to advocate for hours on the phone. Even when you talk to specialists in [BC Urban city Y], and they agree that if the patient has a history in Alberta, and has specialists in Alberta, they should go to Alberta. It's bureaucratic payment problem, because they can't figure out who should pay for that transfer."

"It's not unusual to spend more than an hour just to transfer a patient taking 6-10 phone calls to get them out. For example, a boy was chopping wood with his dad and dad accidentally chopped his [son's] hand off. Needs a plastic and peads. Get onto the phone to [Alberta community X], they accept the patient, get on the phone with PTN and give them the story – then they call the specialists to check whether they have accepted the patient, then they say 'no he can't go to Alberta because he's red not yellow', so now he has to talk to Vancouver but that doctor doesn't do hands, and then they get transferred to another doctor who does and the circle continues to go around and around."

"Had a patient with spinal injury, and [I] arranged for [the patient and his wife] to go to [Alberta community X] and then PTN shut [us] down and said 'he has to go to Vancouver', but they [didn't] have the money for his wife to go. So [we] had to dose him up on pain medication so the wife could drive him to [Alberta community X]."

"Sometimes you get talking to Rapid North (Alberta PTN) and then they ask you who is paying for the transport – and how would the doctor know? It's an unreasonable question when they are trying to take care of patients. Transferring patients to Edmonton is faster than transferring to [Urban community X]. The roads are better, they're straight. The [part of highway X] makes it almost impossible to transfer patients to [Urban community X] most of the year. There is no radio signal there either, it's dangerous"

"With PTN they are not allowed to send a patient to Alberta even though Grand Prairie is the closest. Now because of the weather and geographical isolation, it takes days to ship a patient out of [Community X]."

The majority of rural physicians, nurse practitioners, health administrators, First Nations, and municipality members feel that emergency transportation is something that "keeps [them] up at night." Further areas of opportunity include creating transportation agreements between BC and Alberta, enhancing the algorithms that PTN currently operates on to include Alberta centres, and overall policy changes at the ministry level between both provinces.

Non-Emergency Transport

Non-emergency transportation, such as getting to and from doctor's appointments, and attending regular treatments such as chemotherapy and dialysis, is expressed by many to be challenging across the province. The following section shares accounts from physicians, nurse practitioners, health administrators, First Nations, and municipality members regarding non-emergency transportation within and between communities.

Access to Health Care Services

Community members share that they have very limited public transportation options in their respective communities (e.g. only having one taxi for an entire community.) This is seen as a huge barrier, preventing patients from accessing health services both locally and from a distance.

> *"Access to local and distance health services are impeded by lack of public transportation."*
>
> *"…the clients that I'm seeing, they need, other than having a friend to drive them, or their spouse or some other family member to drive them, there's no other means other than a taxi which is maybe tied up."*
>
> *"One issue that cuts across all population ages…is the lack of public transportation. Youth and seniors who can't drive have issues with accessing [medical] services."*
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> *"We've had quite a few [people that] my staff [have] brought to me, someone who needs wound care, but they live just outside of town, they don't have a way to the building…I think even taxiing here is kind of hard to get sorted out."*
>
> *"Patients can be isolated – if you live in [Community X] which is 15 minutes away but don't have a car, it is a challenge to access services."*
>
> *"The bus schedule is minimal."*
>
> *"Well, what we do unfortunately…if we're discharging somebody home we sometimes are creative if they do require transportation home and we don't have taxi or transit available is we will…make up a medical reason that they need ambulance to take them home. Which is unfortunate because then we're using a 911 service for a taxi."*

Many other communities have no public transportation options which physicians, health administrators, First Nations, and municipal members express as an extreme challenge that acts as a significant barrier towards seeking out health care services.

> *"No public transportation available in this area. There isn't a bus or a taxi north of [Community X]."*
>
> *[In reference to transport] "Big issue – no public transport."*
>
> *"[Community X] does not have taxis or a bus service so there's no medical services, you know, to get to another medical service. People need to find a ride or hitchhike."*
>
> *"We don't have taxis here and I used to work for [Organization X] in town and we used to see a huge variety of seniors. The worst-case scenario was an ex-police officer who was in an accident, broke his neck…he was coming in the middle of winter hitchhiking in… you see a lot of that, you see a lot of seniors hitchhiking in order to get to their medicals or just general life needs. That would help big time just for a medical bus…to do that service."*

This challenge was further highlighted for disabled patients who have very limited transport options available to them.

> *"What we don't have is a very effective Handy Dart system."*

"Here, we do not have a simple version of a Handy Dart. Not one. What we do have is the transit system with the small-sized buses. And when the transit buses are not on their schedule, then they act as a substitute Handy Dart. Very impractical, having a bus drive to somebody's house to pick up one person. Not really economical. We're not complaining because it's the best we've got but I think we should be on the list for a small, one-wheelchair type Handy Dart that could move some of our disabled people around."

"We also have HandyDart that comes out here, [but its] really hard to get them to come out...From [Urban centre X]…other than that, there's not a lot."

As a result, community members have had to rely completely on volunteer driving programs and assistance from friends and/or family members who are able to transport them to where they need to go.

"There's a community drivers program. Aside from that, there's not really a whole lot. And they're limited drivers too."

"There's kind of a hospice society here that has volunteers that will drive."

"Greyhound stopped here, like, at midnight. It wasn't super… it wasn't good for daily. So, it's volunteers and family members and friends and retired people."

"[For] routine transport you are on your own as a patient and rely on family members. Example of older couple and son having to take three days off work to drive his dad to patient for urgent consult to do that and drive them. You can sometimes get [Air Transport Service X] to support them."

"There's a volunteer driver program, other than that it's friends or family or community that helps each other out."

Unfortunately, even with coordinated efforts from various teams of people, it was shared that volunteers are not always able to provide transport to an urban centre.

"Across [Health Authority X] [we are] struggling with transportation. [Community X] has been better for coordinating in patients, but when patients are marginalized it is difficult to bring them in even when the team connects and tries to work together. The community doesn't have a huge volunteer base for drivers because going to [Urban City X] is far."

Cost Barriers of Travel

Physicians, nurse practitioners, health administrators, First Nations, and municipality members recognize how non-emergency transportation affects patients financially; especially those with a low socioeconomic background.

"[There is] inequitable transport for the poorest [in BC]."

In many cases rural communities have limited health care services and patients must travel to an urban centre, or a larger rural community, to seek out care. Physicians, nurse practitioners, and health administrators express concerns regarding how patients are not able to afford to travel out of their

community for health care services, and share that even in the presence of a volunteer service, the associated costs can be quite expensive for patients.

> *"If somebody needs radiotherapy and they've only got to go one day a week for six weeks, they would either [need to] relocate for that if they go daily, and then they need somebody [from] the volunteer service to give them a lift [which] is $150. Well, if you're a pensioner on low income then $150 every week…Your resources disappear very quickly...And so really, people don't go for treatments sometimes. Likewise with moms, the high risk, we don't deliver babies here unless we have to….by accident."*

> *"The community drivers are – they tend to be older people...And they charge $0.52 a km too, so it's not free but better than a taxi."*

> *"Pain treatment in [Community X] is used a lot but people don't have money for it [to get there]."*

> *"Not a very wealthy community [and we are] isolated geographically, travel is difficult for members to go outside the community."*

> *"Several of the social workers have set up funds where they [collect] community donations and they call up this pot of funds [to] get someone somewhere."*

For patients that are expecting, have a disability, or are children that cannot travel alone, expenses to attend medical appointments increase greatly for families that need to attend the appointments with patients.

> *"People will come here for oncology, knee/hip replacement, maternity [but the] barrier for them is [the] cost for having their family come with them especially if they have to come in a month or two in advance of the due date."*

The Loss of Greyhound

The loss of Greyhound services has also negatively impacted rural patients who previously had a somewhat affordable option for travelling to medical appointments. Creating a transportation service that could replace the services that Greyhound used to provide, was one proposed solution.

> *"Greyhound has been a big deal for those that live in remote communities trying to get in to town."*

> *"[Health Authority X] funds volunteer driver program, but apparently the funds are dried up. [It] would be huge if they had some sort of a program especially now that Greyhound isn't coming through here anymore."*

> *"[There have] been a lot of challenges since Greyhound stopped because [the] elderly population [are] low income…they kind of relied on [it]"*

With the loss of Greyhound, it has become apparent how crucial services such as the "Northern Health Connections" bus, and other Health Authority buses are for accessing health services outside of an individual's community.

"Northern Health Connections bus does run here and they are looking at expanding the loop to try and fill in the gap. It is a big deal for people who live outside of towns in the region…$20 per person, and will connect patients down to Prince George or Vancouver if they need to go."

First Nation's further shared that having these health authority buses expand their stops to the smaller, more remote communities would assist greatly in removing transport barriers.

"We do have a medical bus that goes through twice a month, goes from [Community X] to [Urban Centre X] but because of Greyhound shutting down we don't have that service but we have the medical bus. What would be nice is for the medical bus to dip into these smaller communities like [Community Y], even to do a stop here on their way in and then proceed out cause they stop in [Community Z], they stop in the municipalities, but they don't stop in the Bands."

From the accounts shared by physicians, nurse practitioners, health administrators, First Nations, and municipality members, it is important to recognize that transportation is not just a challenge for accessing emergency services, but also for accessing non-emergency health services both within and across communities.

Environmental Factors and Geographical Isolation

Understanding/Awareness of Conditions

From every health authority region of the province, physicians, nurse practitioners, First Nations, health administrators, and municipality members express how environmental conditions such as weather, forest fires, and flooding create significant transportation barriers.

"Sometimes we don't have roads during winter or summer because of forest fires and avalanches."

"In the winter it is more of a challenge, there are days when the highway is closed because it is too dangerous."

"Get hurricane winds up here…[it] can delay transport. Have heard of people trying to come home for weeks or trying to get out."

"The ferry here only goes two days a week. Summer will go 5-6 days a week, but in winter it shuts down a lot."

"Fog is a challenge in the summer time. If you don't have a morning reservation there is a decent chance that you will not make it out."

Interestingly, it appears that having the proper knowledge and awareness of such environmental and geographical conditions provide important context about the efficiency with which patients are transported into/out of a community.

"There is a real need for people to come up here and in part that means to overcome the geography as much as they can. A part of this is getting people where they need to go."

"It took a little while…but that's the type of frustration, that's the idea that – saying, you're from the big city, you don't understand. And you don't understand the issues that seniors have travelling – especially [in] wintertime. It's absolutely horrendous for them."

This makes it important to understand how communities feel isolated and how the context of their environment contributes to their isolation.

"We have isolation from high levels of care. We are regional, yes, but isolation from tertiary and quaternary sets us apart and is compounded by our distance. Calgary is 4-5 hours, Kelowna 6-7 hours and 7 or 8 if you are going to the lower mainland. That is something that is different. The winter is colder, longer, harder so that adds some exasperation."

"The winter months, it gets very isolated and the weather has a lot to do with it so when someone gets sick, we have to phone the helicopter or the boat to come in. At nighttime – if it's the Naiad - [they] will come during the evening and helicopter during the day. It's hard when the weather is not cooperating."

"[Community X] has fly-in services twice a month so if there is bad weather one of those days then you only get one day of health care service"

"This part of the coast can be quite isolated past 9pm at night – the ferry shuts down and you become reliant on helicopters to get people to the lower mainland."

"Mobile mammography only comes here once every three years (should be once every year) and [we] have been told that [we] have one of the highest incidences of breast cancer in the province. Cervical cancer is also 3-4X higher than the provincial average. [Our] geographical isolation has a cost."

"The road doesn't matter all that much as there is not BCEHS to help anyway. There is no cell service in areas."

Summary of Themes

Overall, emergency and non-emergency transport challenges continue to be experienced by many physicians, nurse practitioners, First Nations, health administrators, municipality members, and patients across rural communities in the Northern, Coastal, Interior, Fraser, and Island regions of British Columbia. Understanding the environmental conditions and geographical context of a community's isolation are important factors to consider when addressing these barriers.