Rural Health Care

During the Conversation on Health, rural health care was a frequent topic of discussion. Participants emphasized the importance of meeting the needs of rural communities and highlighted some of the unique challenges that they face, such as transportation and ambulance services, access to health care professionals, and access to health care facilities. Here is a selection of what participants had to say on the topic of rural health care.

Transportation

Participants widely agree that in rural communities, transportation is a barrier to receiving timely health care. Concerns related to this topic include: having to travel long distances to urban centres for medical care; driving on dangerous rural roads or mountain highways to reach a hospital; and a lack of public transit. Participants have mixed views of the Health Bus system that exists to take patients in rural communities to specialist appointments. Some suggest that it is working well, while others say service is inconsistent and does not reach enough communities.

Participants emphasize the impact of access to transportation on elderly people. They voice concerns that many elderly people do not have access to a vehicle or public transportation. They also suggest travel costs are expensive for elderly people on fixed incomes, as well as for their families who often take time off work and pay for their own travel and accommodation.

A lot of our community members do not have access to transportation so it is expensive and troublesome to have to travel outside the community for medical services.
– Email, Lytton

For many, it is important to ensure that there are equitable transportation options in all communities regardless of location or population size. Some recommend providing subsidies, mileage reimbursement, ferry discounts or travel vouchers for patients that have to travel for medical care. Others suggest providing additional funding when a patient requires a travel escort. Promoting the Health Bus and extending the service to more communities as well as increasing funding for road maintenance are discussed as mechanisms to facilitate patient travel.
Ambulance Services
Many participants raise a number of concerns related to ambulance services. Some discuss the lack of ambulance services in rural areas and the high costs associated with expanding services. Others focus on long response times for ambulances to arrive to rural areas, the shortage of ambulance crews, and the vast distances that the ambulance stations must cover. Many participants would like to see ambulance services provide more primary health care by expanding their scope of practice. Other recommendations include: decentralizing ambulance dispatch services; initiating active recruitment in small and rural communities; increasing paramedics’ standby wages; and providing more funding to the British Columbia Ambulance Services.

Access to Health Care Professionals
There is widespread agreement that there is a shortage of health care professionals in rural communities such as doctors, specialists, pharmacists, and nurses. Participants suggest it is very difficult to find a doctor in rural areas and especially in rural First Nations communities. They also express concern that people in rural communities do not have equal access to specialized care. Many emphasize that where there are doctors practicing in rural areas, they are often over-burdened.

The majority of participants believe that providing more resources to attract and retain health care professionals to rural areas is essential to improving access to health care in rural areas. They also believe that Government should focus on bringing health care providers to rural areas rather than sending patients to urban centres for medical care. Other recommendations include providing financial assistance to health care professionals working in rural areas and implementing a rotation system for doctors and specialists to visit rural areas. Some suggest using video-conferencing while others supported creating multi-disciplinary teams who use mobile clinics.

Access to Health Care Facilities
Many participants from rural communities are frustrated with their access to health care and some feel that there is an inequity in the quality of care that is provided to rural communities versus urban centres. Others express concern over the closure of rural hospitals and comment that regional hospitals are not adequately servicing surrounding communities. Some suggest that regional hospitals do not have up-to-date equipment to take advantage of technological advances in diagnosis and treatment.
Many participants support the idea of increasing the number of health care facilities in rural areas and some suggest that these facilities should have more local government control to meet the unique and diverse health needs of communities. Some suggest opening emergency facilities at walk-in clinics if hospitals are not close by or re-opening some of the closed hospitals. Many recommend supporting mobile health services, while others suggest implementing a patient advocate system to support patients who have to travel to urban centres for treatment. Some support using private providers and clinics to provide services in rural areas.

Conclusion

Some of the participants in the Conversation on Health believe that if British Columbians choose to live in isolated communities, then they should accept some reasonable challenges in accessing health care. However, many suggest that the challenges facing residents of rural areas are extreme. Other participants believe that rural communities are under-serviced and do not receive the same standard of care as larger communities. Most suggest that providing sufficient resources targeted to transportation and ambulance services as well as increasing health care professionals and facilities would improve access to health care for rural communities.
Rural Health Care

This chapter includes the following topics:

- Equal Access to Health Care
- Access to Health Care Facilities and Equipment
- Access to Health Care Professionals
- Transportation
- Ambulance Services in Rural Communities

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Related Chapters

Many of the topics discussed by participants in the Conversation on Health overlap; additional feedback related to this theme may be found in other chapters including: Wait-Lists and Wait-Times; Patient Safety and Health Human Resources.
Equal Access to Health Care

Comments and Concerns

- Comments on equal access to health care:
  - People in rural communities do not have equal access to specialized care and do not get the same standard of care as larger communities do.
  - There is a disparity between southern British Columbia health care and what is available to the north.
  - It should not matter where people live; everyone deserves to receive the same health care services.
  - Services are centralized in urban areas.
  - The health system is failing northern areas of the province. When people are ill in rural areas, they sometimes have to travel to a hospital that is hours away.
  - There should be local access to all health services.
  - It appears that there is sometimes an unfair distribution of travelling services between rural communities.
  - Paying for transportation, accommodation and meals can add up, and for some families it is just too much to afford. Included in expenses is the time it takes (sometimes days) to get to the centre where the care will be provided. Ultimately, this means some people cannot afford care.
  - Hospitals and health services in large centres are being used and are fully funded. Rural services are diminishing.
  - Universal health care does not exist. There are large differences in the quality of care that is received in rural and urban hospitals.
  - The bigger areas such as Prince George are getting much more than smaller areas. The smaller communities get forgotten about.
  - Rural communities may have to design their own strategies to meet their unique and diverse health needs.
  - Because regionalization worked in the Okanagan that does not mean it will work in the West Kootenays. One problem is the outlying geography of the regional hospital in Trail, meaning that all people do not have equal access.
• It violates the *Canada Health Act* to buy medical care, however when a community is in need, the government encourages them to fundraise. Small communities are often struggling for the same level of care that is available in larger centres, not superior care.

• Centralization in larger urban areas has a negative effect on rural communities.

• Accessibility to health care varies from region to region; equal access varies within the province.

• There are wide disparities between funding and services for rural communities.

• There is a two tiered system between rural and urban centres.

• Living in small communities has become dangerous, as the health care in these communities being withdrawn.

• Distance and weather create inequalities in access to care in rural communities.

• The cost to the health care system and to the individuals living in smaller communities is unsustainable.

• When the population of British Columbia is so unevenly dispersed, it is not possible to deliver equal care to everyone.

• The health care decisions made in Victoria do not work in rural communities.

• People choose to live in the remote communities of the province and demand that health services come to them. It is the patients’ responsibility to come the regional health centers.

• Seniors living in rural communities are moving to cities as they age to ensure they can receive medical care.

• Making health care more accessible to rural communities should be a top priority of the government.

• Those who choose to live in isolated communities should accept some of the negatives of that choice, but this does not mean the burden should be extreme.

• When there is little access to health care in a rural community, it is a deterrent for people who are considering relocating upon retirement.

• Stop the misguided and disastrous policy of centralization of inpatient health care, especially in the rural areas of BC.

• Living in a rural community, I accept the fact that I do not have nor expect to have health services that are available in centers sustained by a larger population base. I am thankful to have specialized services in locations within an hour or so and access to Vancouver Hospitals if necessary. I do not expect all services to be
available in my local community. It is not reasonable for every community to have
the astronomical capital expense, operating costs and staffing overhead of all the
specialized services that are available in large centres.

· I have lived in the same area on the Sunshine Coast for 40 years, during which
time I have had numerous family doctors. Not because I have changed them, but
because they have left the area. For the last three years I have not been able to
get a permanent replacement, being forced to take whichever doctor is available
at the walk-in clinic in time of an emergency. And very often the last thing I want
to do at such a time is to wait two hours in the walk-in clinic. I feel that this sort of
alienation is not ideal for the promotion of a person's good health.

· Many rural First Nations communities have limited access to health facilities,
outreach programs and funding.

Ideas and Suggestions

· Provide more research into needs assessment for rural communities. For instance,
there needs to be a cost analysis to determine how much money could be saved by
limiting travel to Vancouver by putting additional services in rural communities.

· We are expected in a small rural aboriginal community to function like a larger
community.

· Build community capacity for health care.

· Provide more health care options on-reserve to ensure that residents have access to
services.

· The funding structure for rural health service delivery needs to be changed. Supply
and demand should be determined and services provided to meet the needs.

· The Ministry of Health should work with Northern Health and the BC Cancer Agency
to implement the Northern Cancer Control Strategy, and ensure that Northern
Health provides financial assistance to northern cancer patients for travel and
accommodation related to cancer treatment.

· A review to determine what medical procedures and treatments are presently
available within each community should be done. Once a list has been established,
services can be expanded to accommodate projected growth in the region.
Access to Health Care Facilities and Equipment

Comments and Concerns

Access to Health Care Facilities
Access to Laboratories and Diagnostic Equipment
Emergency Departments
Travelling for Health Care and Treatment
Impact of Travel on Family Members
Home, Acute and Long-term Care
Specific Communities and Facilities

- Comments on access to health care facilities:
  - Hospital parking lots are too small for the number and often the elderly must walk long way in difficult weather to reach the hospital doors.
  - Mining and forestry communities have many accidents, but not all fall in the time frame of working hours when the clinics are open.
  - Services like detoxification centres are often hours away from rural communities.
  - There are few counselling and rehabilitation services available in rural communities.
  - Many small rural hospitals have been closed. The extra ten or fifteen minutes drive to the next closest hospital may be a difference between life and death.
  - Hospitals in small communities have been closed, leaving the closest hospital sometimes hours away.
  - Communities that have hospitals that are clean and efficient are very appreciative.
  - Centralised hospitals are not helpful to people who live in rural areas.
  - The results of shutting down hospitals in rural areas are extra costs to patients and taxpayers.
  - Small rural hospitals and health units are competing against monster-sized hospitals for the same funding.
  - Hospitals have been promised to several rural communities, but they are still waiting years later. That is not fair.
  - Cancer is a critical issue for Northern British Columbians. Northern British Columbia has the highest mortality rate in the province from all forms of cancer, and cancers are the second leading cause of death among northerners.
- Regional hospitals do not properly service the cities, let alone the surrounding communities.
- Rural hospitals are declining in bed capacity.
- There are very few drug and alcohol rehabilitation centres in the interior.
- There are not enough services for spinal cord injuries in rural areas.
- Very little has been directed to specialty care and trauma care delivery in rural northern communities.
- Some rural communities have excellent health care centres, but often do not have facilities for acute care, twenty-four hour service, palliative care, or maternity care.
- There are not enough services for pregnant women or new parents in rural communities.
- The number of health facilities in remote areas in decreasing as health care becomes more centralized. This is occurring even though there is an increasing population in the rural communities.
- We applaud the Ministry of Health for recently expanding oncology services in the north. The recent opening of a new community cancer unit at the Quesnel hospital will improve access to cancer care for northern region residents.
- Some remote communities do not have cell phone reception, which is dangerous when an emergency occurs.
- There is no 24 hour, seven days a week service in rural areas.

- **Comments on access to laboratories and diagnostic equipment:**
  - Laboratory service is limited in most rural communities.
  - Travelling Magnetic Resonance Imaging (MRI) machines are not accurate, and rural communities should have their own.
  - In the rural areas not all regional hospitals have up to date equipment and people often have to go to a larger city to receive treatment.
  - Mobile Magnetic Resonance Imaging (MRI) units still only visit select communities, and it is difficult for senior to access, especially in the winter months.
  - Specialists do not have proper equipment in rural areas.
  - Rural physicians should have access to Magnetic Resonance Imaging (MRI) scans.
• **Comments on emergency departments:**
  
  - Emergency departments are being used as a medical clinics because no options other than driving a long distance.
  - Regional emergency rooms are overcrowded.
  - Emergency rooms in rural areas are closed at night and on weekends.
  - There is too much stress on rural emergency rooms.
  - Many hospitals are understaffed and thousands of people are without a family doctor and many small communities do not have walk-in clinics, so the only other way to get medical care is through the emergency room.
  - Emergency rooms at regional hospitals were already busy before rural communities were diverted there.
  - Emergency room services have been cut, and people have been transferred to larger regional hospitals, which have become overcrowded as a result.

• **Comments on travelling for health care and treatment:**
  
  - It is not fair to expect someone to travel long distances to get treatment.
  - Patients should not have to travel for surgery or treatments when they can be administered locally.
  - When someone is treated as an outpatient in an urban centre, they need to be there for four to six weeks, which can become very costly.
  - Patients in need of acute care are often sent to the nearest city.
  - Equity in accessing cancer care services in Northern British Columbia will only be feasible if travel and accommodation assistance is provided. Referral patterns will not change if these challenges are not addressed effectively.
  - Many cancer patients living in the interior have to receive treatments in Alberta and remain away from home for weeks because the distance is too great to do daily.
  - Health care workers in urban areas consider the travel distances when making recommendations to patients for additional services.
  - Women have to travel to have an abortion. This is makes an already stressful situation worse.
  - Follow-up appointments often mean more, often difficult, travel back to major centres.
Many residents of rural communities have to drive and wait for hours to receive medical attention at a walk-in clinic.

Patients have to travel for many procedures, and travel costs are not compensated. Sometimes cash must be paid at the time of the procedure in addition to time, transportation, meals and accommodation.

Flying a patient from a northern community to Vancouver is an expensive and time consuming process that may be held back by weather and equipment shortages.

Some hospitals in smaller communities have been closed, which has left many seniors having to travel to receive treatment.

Having to travel for care is expensive for seniors on fixed income.

Elderly people, especially those who live by themselves, find it stressful to travel to other cities and hospitals for surgeries or treatment.

It is wrong to make seniors travel so far for services.

Patients need more funding for having to travel. Just having a tax deduction at end of the year is not good enough.

Trauma patients are often airlifted out to surrounding areas, and sometimes wait days for a bed.

**Comments on impact of travel on family members:**

- Family members should be able to be close to a loved one who is sick, but sometimes cannot afford to be there.
- Patients often have to travel alone which puts their health in jeopardy and families are left to worry.
- Time away from home is frustrating and expensive. Many times patients have to go back for follow-up visits, which puts additional stress on the family and patient.
- People suffer emotional and financial hardships when they have to spend time away from home when they are ill. Some patients have spent little time away from their communities prior to their treatment. They become stressed and homesick as a result, which worsens their condition.
- Some seniors find travel confusing and need to have an escort to navigate.

**Comments on home, acute and long-term care:**

- Rural areas are not able to get home care support or volunteers so patient can die at home
• Long-term care facilities are being closed and causing people to be transferred to out-of-town facilities away from their home and loved ones.

• Palliative care is different in smaller communities. Ending life in a hospital bed is not acceptable.

• There needs to be acute and palliative care available in rural communities. When the elderly are sent away from their families they suffer.

• **Comments on specific communities and facilities:**

  • The regional hospital in Castlegar was closed. It was central to the population, and now twenty-four hour emergency services are not available there. The West Kootenays need a fully staffed centrally located regional hospital.

  • Access to virtually all medical services in the Interior is limited by geography.

  • The health care system is failing the people of Trail and Rossland.

  • The city of Kelowna has more than doubled over the past ten years, and the hospital that serves Kelowna has become overcrowded.

  • Regional Hospitals should not have been so drastically cut. In Princeton, people have to drive to Penticton which is over an hour away to get to the hospital.

  • There are not proper emergency services north of Victoria on Vancouver Island.

  • Most children in the East Kootenays obtain specialist care through the Children’s Hospital in Alberta. It is easily accessible and the services have been excellent.

  • In a small city like Dawson Creek, there are only two options when immediate medical attention is needed. Either try to see your general practitioner, or go to the emergency room at the hospital.

  • Having a regional hospital in Courtenay-Comox is not a good idea. There needs to be a hospital in Campbell River as well.

  • The hospital in Comox is overburdened with the population influx to the community. Because many of the residents are over sixty, this also means a greater need for more surgeries in the future.

  • Cortes Island was turned down for funding, so the community had to raise money to buy space to accommodate mental health services.

  • The Vancouver Island Health Authority is not responsive to health care needs at community level.

  • Rural does not include Comox. Rural programs located in mid- Vancouver Island do not have credibility.
There is a proposal to re-classify the Port Alice Health Centre from a site offering emergency care to one offering only urgent care, which means no laboratory or x-ray services.

Tofino needs more in the way of palliative and respite care. Currently, there is one privately funded palliative care room in the hospital, and more is needed.

**Ideas and Suggestions**

**Access to Health Care Facilities**

**Access to Laboratories and Diagnostic Equipment**

**Emergency Departments**

**Travelling for Health Care and Treatment**

**Impact of Travel on Family Members**

**Home, Acute and Long-term Care**

**Specific Communities and Facilities**

- **Ideas about access to health care facilities:**
  - There needs to be more hospitals in rural communities because sometimes the travel time is life-threatening.
  - There should be clinics set up to perform prostate examinations in the interior to avoid transportation costs to Alberta.
  - There needs to be more treatment facilities in rural areas.
  - The hours of medical centres should be expanded to evenings and weekends. This would stop needless travel to the neighbouring hospital emergency room.
  - Government should re-open some of the closed hospitals.
  - Provide more rehabilitation centres accessible to rural communities.
  - Open a hospital in every rural community.
  - Increase mobile health services to rural communities.
  - Provide more women’s health services in rural communities.
  - There needs to be a minimum radial distance between hospitals in rural communities.
  - The right of the Medical Services Commission to allocate billing numbers where doctors are needed should be re-instated.
  - Rural communities should have the option of private health care and facilities.
• When building new health facilities, there should be more planning. Birthrates and new residents should be considered.

• Community recreational facilities could be used to set up small clinics with emergency equipment. These clinics could be equipped with a direct line to the British Columbia nurse help line, which would direct the caller on whether their symptoms needed urgent attention. Portable medical units could be used and moved easily if the need arose.

• Private providers and clinics should be considered to fill the health care needs in underserved rural communities.

• More walk-in clinics available would help with the shortage of general practitioners in rural communities.

• Provide more health services to rural communities to accommodate the influx of retirees.

• There needs to be properly equipped and staffed facilities open twenty-four hours a day, seven days a week in all communities with populations over five thousand people.

• Extend hours to evenings and weekends for clinics, hospitals, and doctors offices.

• Rural hospitals should continue to operate and take the stress off the larger regional hospitals.

• **Ideas about access to laboratories and diagnostic equipment:**

  • Rural hospitals should provide more comprehensive diagnostics and follow-up care.

  • Diagnostic facilities in hospitals should be available all of the time.

  • Upgrade equipment in rural hospitals so visiting specialists can do their job effectively.

  • There is sophisticated technology that could be brought into rural communities if the hospitals were built to equip them. It is not that the hospitals have to be big; they just have to have right equipment in them.

  • Video-conferencing could be implemented in remote areas where the patient, doctor and specialist can exchange information.

• **Ideas about emergency departments:**

  • Open emergency rooms 24 hours a day, seven days a week.
There are rural communities whose main industries are logging, where there is a high incidence of serious accidents. It is essential that these communities have hospitals with emergency services.

Create emergency facilities at walk-in clinics if hospitals are not close by.

- **Ideas about travelling for health care and treatment:**
  - There should be a patient advocate system to support patients who have to travel to urban centres for treatment.
  - Those living in isolated communities should be able to access health services by traveling to centres where the appropriate care is available.
  - Patients who have been transferred out of the area must not be stranded after treatment. Patient discharge must be conducted sensibly, with provisions to return patients to their homes in a timely manner. Discharge planning and communications are vital so patients know what is going on, and are able to plan accordingly.
  - Schedule consultations and appointments closer together for patients who have to travel.
  - Credits should be given to patients for plane tickets to Vancouver when they have to travel there for care.
  - Provide financial assistance to northern cancer patients for travel and accommodation related to cancer treatment.
  - There are programs that have been set up to assist with costs. Included in these programs are reduced hotel fees, and reduced or free air travel. Although these are great programs, they are still underutilized and need to be better advertised.
  - When a patient is released from hospital, they are in a compromised position yet they are responsible for their own transportation home.
  - More money needs to be put into travel assistance programs.
  - Government should provide free transportation and subsidies for necessary travel expenses to patients.
  - There should be a comfortable reimbursement for transportation costs, as it is expensive and time consuming to travel. This could be a mileage reimbursement for the distance travelled for care.
  - There should be ferry discounts for patients who live on the smaller islands.
  - There should be no costs at all for patients who have to travel for medical treatment.
There should be some sort of loan or bursary that is offered to patients who are airlifted into major city centres and have no time to make necessary financial arrangements.

Travel assistance should be provided to low and middle income individuals.

**Ideas about impact of travel on family members:**

- There needs to be space allocated for affordable accommodation for families to stay when a loved one is in the hospital. Somewhere that is close by and affordable.
- Patients should be able to have medical treatment in their own communities with their family close by.
- Provide more funding for families to travel with patients.
- There should be additional funding when a patient requires a travel escort or when their family accompanies them. There should also be affordable family housing while they are away, similar to the Ronald McDonald House model.

**Ideas about home, acute and long-term care:**

- Provide more acute and palliative care in rural communities.
- Expand end of life care and facilities in rural communities.
- Focus on providing community services that can help maintain people in their homes and provide respite to family members who are providing care
- Intensive Care Units in rural communities should remain active to care for acute patients.
- Small community hospitals should be re-opened to house the seniors waiting for placement, and to accommodate convalescing patients.

**Ideas about specific communities and facilities:**

- Make Kelowna General Hospital a teaching hospital in partnership with the University of British Columbia’s medical school.
- A tripartite agreement should be developed between the Nelson, Trail and Castlegar hospitals to work together to provide the best care possible.
- The north island should retain and expand the two local hospitals into state of the art facilities; these hospitals have been allowed to deteriorate for too long.
- The west coast of Vancouver Island needs more long term care facilities and hospice spaces so that patients do not have to be sent to Port Alberni.
• Create a second air health transport centre at the Campbell River Airport to:
  a. Allow easier access to remote already marginalized First Nation Communities;
  b. Avoid the congestion in the south air corridors; and
  c. Allow a second option if the weather is poor.

• Utilize Prince George as a regional centre for health care in the northern parts of British Columbia.

• The Red Cross outpost nurses were very helpful and should be re-instated on the small islands along the coast.

Access to Health Care Professionals

Comments and Concerns

Access to Health Care Professionals
Access to Specialists
Access to Doctors and Nurse Practitioners
Access to Nurses

• General comments on access to health care professionals:
  • There is no back-up relief in remote areas, or staff available to allow for professionals to upgrade their skills and training.
  • There are not enough services available in communities that are large enough to support them, because many are geographically undesirable for medical professionals.
  • Lack of funding for mental health issues and counsellors in rural communities.
  • A lack of medical professionals leads to misdiagnosis and mistakes in medications.
  • The restrictions placed on the British Columbia Dental Hygienists Association puts pressure on our healthcare system especially in rural areas. No hygienist can see a client without the patient first seeing a dentist. In Northern areas it is rare that a dentist chooses to practice rurally so therefore there is no dental health that can be provided thus increasing healthcare through poor oral health. Sometimes entire rural communities are denied oral healthcare because of the regulations.
  • Referrals to services in centres such as Dawson Creek, Fort St. John, Grande Prairie, Edmonton, Prince George, and Vancouver from the North are exceptional in most cases.
• **Comments on access to specialists:**
  
  - Timing of specialist appointments is not well coordinated with bus routes.
  
  - People in rural communities often have to travel at least 150 miles to receive a fifteen-minute service. This short service usually has to be repeated and can be extremely expensive as people have to pay for travel, accommodation and meals.
  
  - Transportation, socio-economic status and age make access to specialists even more difficult.
  
  - Specialised doctors are not readily available and do not want to travel to rural locations.
  
  - Very ill people may have to travel to long distances at their own expense to see specialists. Often, the specialist has all of the pertinent information, files and films to form an opinion without having the patient present.
  
  - With such limited access to specialists in rural areas, patients lose control over their care and the health professionals develop a monopoly.
  
  - Appointments with specialists often require multiple trips to major centres.
  
  - Patients must travel long distances to see specialists.
  
  - There are some specialists now visiting rural communities up to twice a month and seeing a large number of patients.
  
  - We get good daily care in Pemberton from our doctors with easy and quick access but get referred to a specialist or go for diagnostic test and you wait. Even if your need is urgent there is just too much delay.
  
  - There is a lack of experts and specialists in rural communities in the area of chronic diseases.
  
  - Working conditions are often stressful for visiting specialists.
  
  - When visiting specialists do come to rural areas there are too many patients to spend enough time with each one.

• **Comments on access to doctors and nurse practitioners:**
  
  - It is very difficult to find a general practitioner that is accepting new patients in rural areas, especially for those who are new to the area. Even when residents do have a general practitioner, it is difficult to get an appointment.
  
  - It is difficult to retain doctors in rural areas.
  
  - General practitioners in rural or remote communities often have large waitlists.
  
  - Doctors in rural areas have the highest patient load in the province.
• In some rural communities there is one nurse and one doctor, and people were healthy.
• It is difficult to find a doctor’s office open on a weekend.
• There are often locums in rural communities, which tend to disrupt the continuity of care.
• There is little access to physicians in First Nations communities.
• British Columbia cannot ensure that medical services are allocated where they are needed which is one reason we have physician shortages in some areas.
• It is nearly impossible to see a family doctor on short notice because they are always already booked solid with appointments, and on some days each week these doctors are taking their turns at the hospital emergency room or performing surgery, so they are not available for appointments.
• Medical students sometimes get placed in rural communities, and some of the students have gone back once they have graduated.
• It is not possible to get doctors to live in remote communities. A nurse practitioner would be ideal in those locations if they could be sent in on a rotation with other nurse practitioners.

• **Comments on access to nurses:**
  • Intensive care units are limited because there is a lack of nurses.
  • Nurses are flown into some communities for a set time each month, but this is not enough.

**Ideas and Suggestions**

*Access to Health Care Professionals*
*Access to Specialists*
*Access to Doctors and Nurse Practitioners*
*Access to Nurses*

• **Ideas about access to health care professionals:**
  • Financial assistance should be provided for health care professionals willing to work in remote areas.
  • Medical staff in rural communities need to be trained in all areas of health and medicine.
• Lodging expenses should be covered for medical professionals living in remote areas.
• There should be wage incentives for medical professionals to come to, and stay in, rural communities.
• Medical professionals in rural communities should receive education on cultural sensitivity.
• There should be health professionals that cater specifically to the needs of First Nations in rural areas.

• **Ideas about access to specialists:**
  • Travel to specialists needs to be reduced or made more affordable.
  • Specialists should be brought to the patients. It is a better option to have visiting specialists than having patients travel out of the community.
  • There should be surgeons at the smaller rural hospitals so that more surgeries can be performed closer to home.
  • Provide roaming specialists in mobile clinics to rural communities. Support regular travelling specialists that are on salary and travel to communities as needed.
  • Provide and coordinate transportation for patients who require testing or treatments with a specialist located outside of British Columbia.
  • Specialists should visit rural communities twice a month.
  • Make out-of-town specialists more accessible.
  • Rural communities need to have resident specialists (anaesthesiologists, dentists, heart specialists, chiropractors, surgeons, oncologists, et cetera), or at least have specialists that visit on a regular rotation.
  • Communities should support local physicians to provide temporary care in the absence of a specialist.

• **Ideas about access to doctors and nurse practitioners:**
  • Physicians in smaller communities should be salaried with incentives to keep them there. Government should implement a similar system to the one in the thirties in Saskatchewan.
  • Have a physician and clinic in every rural community.
  • Utilize doctors coming to British Columbia from other countries.
• Government could increase the number of physicians in the rural areas by granting scholarships to medical school to students who agree to practice in rural areas for a minimum number of years.

• Expand the role of nurse practitioners.

• Recruit foreign trained specialists to come and practice in rural British Columbia.

• Doctors should spend a mandatory time with First Nations or remote communities.

• We should have a rotation system where a doctor must spend time in a rural facility every few years.

• Emergency room doctors in rural communities should be on salary to ensure emergency services.

• **Ideas about access to nurses:**
  
  • There needs to be sleeping rooms for nurses who travel to rural areas.
  
  • Rural communities need more nurses.

**Transportation**

**Comments and Concerns**

[Lack of Transportation](#)

[Road Conditions](#)

[Bus Systems in Rural Communities](#)

• **Comments on lack of transportation:**

  • Sometimes the closest hospital is hours away with no reliable transportation available.

  • When people have limited funds and no transportation, their access to care is restricted.

  • There is a lack of transportation vehicles on-reserve to get clients to medical appointments.

  • In some small communities there is no medical service outside of regular office hours. Because of this, residents have to travel to the nearest hospital or call an ambulance. If they are admitted to hospital, they often have no way of getting home other then taxi which can be expensive.
• **Comments on road conditions:**
  
  • Driving on rural roads or mountain highways to reach a hospital can be extremely dangerous in winter months.
  
  • It can be dangerous to drive at night when immediate medical attention is required.
  
  • Winter travel is dangerous and difficult for seniors.
  
  • There is a large population of seniors who prefer not to drive long distances or in the dark.

• **Comments on bus systems in rural communities**
  
  • There are bus systems specifically for patients travelling to specialist appointments throughout the province. The cost is reasonable, they are wheelchair accessible and it appears to be working well.
  
  • Northern Health Authority Buses can be inconsistent, inconvenient, take a long time, and they do not always follow a direct route.
  
  • Some rural communities do not have public transit.
  
  • Patients without vehicles or someone to drive them have to take buses and taxis to their medical appointments or the hospital.
  
  • The Northern Health Authority bus is not utilized.
  
  • There are many seniors in remote communities with no public transportation.

**Ideas and Suggestions**

*Lack of Transportation  
Road Conditions  
Bus Systems in Rural Communities*

• **Ideas about lack of transportation:**
  
  • Transportation should be provided to rural patients when they need to go to urban centres for treatment.
  
  • Hospitals that are close to each other could share the responsibility of providing transportation for patients.
  
  • Increase resources for medical transportation for patients on and off reserve.
  
  • There needs to be equitable transportation options in all communities regardless of the population.
• Partnerships with companies may be an option to provide inexpensive transportation for patients.
• Service clubs may be willing to help coordinate transportation for patients.
• Build transportation capacity on reserve.
• The handyDART services should be expanded for wheelchair-bound patients and people with disabilities.

• **Ideas about road conditions:**
• Government should increase funding for road maintenance.

• **Ideas about bus systems in rural communities:**
• Bus services should be available in rural areas to bring people to the regional health facilities.
• Revise the schedule for buses to meet the needs of patients having to travel.
• Patients should be encouraged to use public rural transportation.
• There needs to be more public information available about the Health Bus so patients can maximize the service.
• The schedule of the Health Bus needs to be more flexible and extended to cover more communities.
• Money should be allotted for patients to use the bus system when they have to travel for treatment.
• Band manager or Community Health Representative should work with transit (HandyDart coverage).
• There needs to be more qualified drivers to transfer people that have knowledge of locations of specialists and services.
Ambulance Services in Rural Communities

Comments and Concerns

Access to Ambulance Services
Ambulance Costs
Dispatch
Response Times
Resources

• Comments on access to ambulance services:
  • No small British Columbian village or town should be deprived of ambulance or other emergency service.
  • People need to be able to get the services they need where they live. There needs to be access to emergency response teams throughout the province.

• Comments on ambulance costs:
  • There is a concern about the high cost of ambulance service in the north.
  • Growing rural communities are concerned about a lack of ambulatory services and the costs associated with expanding the service.
  • More money is being wasted since small regional hospitals have been closed and patients now have to be ambulanced hundreds of kilometres for treatment.
  • With an ageing population, we need more money put into our ambulance services.
  • Many ambulance trips and thousands of dollars are used to transport cardiac patients from the interior to Vancouver General Hospital for surgeries, either by ground or air. If they could have the surgery at Kelowna General Hospital, the transport and wait times would be less, the patient’s family could be much closer and we would not have to risk ambulance trips over the Coquihalla in the winter.

• Comments on dispatch:
  • Dispatchers are often not familiar with local condition so sometimes ambulance crews are sent to the wrong area. The topography of the East Kootenay area especially provides a challenge to some dispatchers.
  • 911 staff in smaller communities volunteer their time and only receive a nominal honorarium for their work. In order to receive further training the staff members must take leave without salary from their jobs and pay for travel and
accommodation expenses out-of-pocket. This must be improved to successfully recruit new staff members.

- Dispatchers are not available for local areas.

**Comments on response times:**

- Patients must wait a long time for ambulances and first responders to arrive from the larger neighbouring communities.
- Ambulances take a long time to respond to calls in rural areas.
- It can take up to three hours or more for an ordinary medical evacuation and up to three days for evacuation by air in northern British Columbia.
- Castlegar has no ambulance service whatsoever.
- It can take up to three hours for response by ambulatory services in Dease Lake.
- It takes at least 90 minutes for an ambulance to arrive in an area located 30 miles outside of Fort St. John.

**Comments on resources:**

- The shortage of ambulance crew and vast distances that the ambulance station must cover in rural communities is a significant concern.
- In Bella Coola, the ambulance crew is down to five or six staff, most of whom have full time jobs, as well as family and community responsibilities. Most crew members in these communities begin working as first responders as a community service and are generally not interested in working full-time or working in any other communities. During the last few years, the Bella Coola crew is being asked to cover Anahim Lake, Bella Bella and serve as back-up for Alexis Creek because of the extreme shortage of crew in those communities. This has meant that the Bella Coola crew travels to Klemtu, Bella Bella, Port Hardy, Anahim Lake and even into Williams Lake. When one crew, which is comprised of two people, is out of the valley due to holiday, business or on another ambulance call, the remaining members have to cover shifts in the valley or put the ambulance out of service. Both the downturn in the local economy due to a loss of jobs in the forestry industry and a lack of incentive to join the British Columbia Ambulance Service are leading to human resource issues in rural communities.
- Public policy around training costs and remuneration for those on call are actively discouraging recruitment and retention of ambulance volunteers. As a result, the number of volunteers in rural areas is declining drastically to the point where service is seriously threatened.
Ambulances are often absent from their home communities when required to cover service gaps in other regions. An efficient, equipped, and properly staffed ambulance service can make the difference in a patient’s survival.

Fewer hospitals mean more ambulance trips.

**Ideas and Suggestions**

- Transport patients from rural communities to hospitals located in the interior rather than in the Vancouver area.
- Implement and/or upgrade access to ambulance services in the north.
- Decentralize ambulance dispatch services.
- 911 services should be tailored more to suit the needs of the community or region.
- Initiate active recruitment in small and rural communities to help alleviate the shortage of ambulance crew.
- Increase paramedics’ standby wages, often called pager pay.
- Ensure that ambulance crews receive training within the community at little to no cost.
- Increase access to helicopter ambulance service in rural areas.
- Ambulance service should be enhanced so responders are qualified paramedics with the capability to start an IV and use defibrillators.
- In rural areas, there should be a medical clinic service adjacent to the ambulance dispatch center. When the paramedics are not on call, they could assist with patients.
- There needs to be at least one medical team, ambulance or helicopter in rural areas to respond to emergencies.
- The maintenance of a multi-ambulance service in Tumbler Ridge is critical as active oil and gas exploration leads to multiple emergency calls at the same time.