

Photo : Chemainus, BC

Rural Site Visits Project

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Rural Coordination
Centre of BC



Rural Site Visits Project
A JSC INITIATIVE

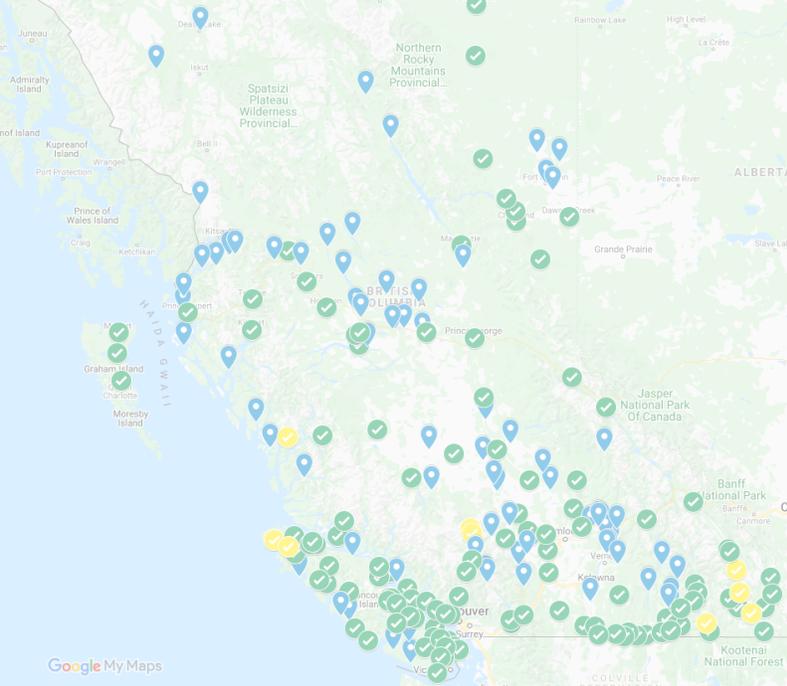


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Thank you for the opportunity to voice some concerns, but also to hear some feedback and get a little bit of bounce back of what's happening in other places.

-Physician participant

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We're very pleased to hear that because all my life I've heard it for the top down, it's nice to work from the bottom up what people need...it's the people that count. They're the ones that have got the information of what they need.

-Municipal participant

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Innovations Sample



ruralsitevisits.rccbc.ca



info@rccbc.ca



[@RCC_bc](https://twitter.com/RCC_bc)



[@rcc_bc](https://www.instagram.com/rcc_bc)

Overview

In 2017, the Joint Standing Committee on Rural Issues (JSC) tasked the Rural Coordination Centre of BC (RCCbc) with visiting every Rural Subsidiary Agreement (RSA) community between 2017 and 2020. These visits will connect with rural practitioners and communities to hear about the context of rural practice and health care delivery (what innovations exist, what works well, what the biggest challenges are) and feed this information back to the JSC to better support feedback loops between rural practitioners and the programs that support them.

The Rural Site Visits Project will engage Health Partners (Health Professionals, Health Administration, Policy Makers, First Nations, Community, and Academic Institutions) within each community. From these community meetings, information is collected, anonymized and analyzed to identify the major themes affecting health care delivery in rural communities in BC. As a commitment to the communities, RCCbc sends a bi-annual Community Feedback Report to provide project updates and share the learnings from innovative solutions found throughout the visits. This is the fifth Community Feedback Report to date. To view previous reports please visit our [website](http://ruralsitevisits.rccbc.ca) (ruralsitevisits.rccbc.ca).

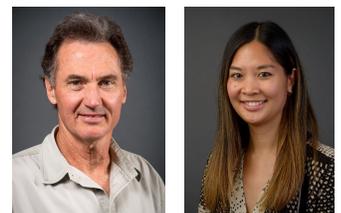
Due to Covid-19, the Rural Site Visits Project has postponed trips since March 16, 2020. Other areas of focus have been redirected to:

- Launching a Site Visits and Innovations website featuring searchable innovations collected around the province to help address health care issues and connect community contacts to one another
- Writing research papers on the Site Visits project process and overarching themes, and cultural safety and racism
- Improving the communication and engagement processes for Indigenous community visits
- Trialing virtual Site Visits and reviewing their effectiveness and sustainability

The hope to resume trips will be dependent on each community and ensuring all parties are safe and comfortable with our visits before we start reaching out again.

Thank you again for all your support.

- Dr. Stuart Johnston and Krystal Wong



Top 10 Themes

1. Support (Workplace Support, Collaboration and Connection, Community Support)
2. Transportation (Local, Emergency, PTN, Weather, Alberta Proximity, Distance)
3. Successful Initiatives
4. Population (Recruitment, Retention, Growth, Decline, Relocation, Tourism)
5. Health Authorities
6. Service Delivery (Service Access, Services in Need, Services at Risk)
7. Scope of Practice
8. Finance (Funding, Pay, Billing)
9. Patient Capacity and Attachment
10. Demographic Focuses (Aging, Youth, Families)

Summary of Work

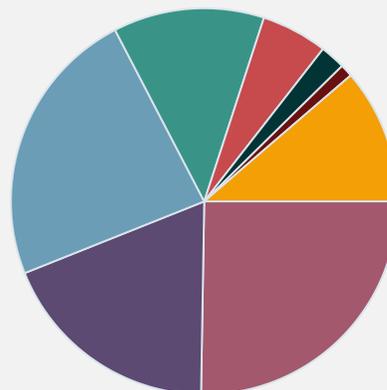
RSA communities visited

107



Number of meetings

382



Physicians	96
Administrators	71
Municipal/Community	89
First Nations	48
NPs	21
Midwives	8
First Responders	4
Group	43

*For a map of communities visited and tentative community trips, please click [here](#).

Focus areas during Covid-19



Virtual Site Visits Pilot

Between August-October, three virtual site visits were piloted in four northern communities. Although the trips were relatively easier to set up, technology worked well and good feedback was gathered, the team felt that their understanding of the community's remoteness and geographical context was diminished by not travelling to communities in person.

We decided not to pursue virtual visits during Covid in the Fall and Winter, but we will re-evaluate if Covid persists.



UBC Ethics Renewed

We have renewed our UBC Harmonized Ethics Agreement for 2021! A new requirement from the UBC ethics board requires us to include publication information for participants. As a result, we have updated our participant consent form to include this new requirement. With feedback from our participants and advisory members, our meeting guide has also been updated to include additional questions surrounding Indigenous cultural safety and humility.



Research

The first research paper has been submitted to the BMJ Open and will be available freely to the public once published. It focuses on the process of the Site Visits Project as well as the overarching themes: Change Over Time, Relationships and Autonomy.

A team has formed to write the second research paper on cultural safety and racism. In addition, the team has the opportunity to be mentored through Interior Health's (through BC Support Unit/BC AHSN) Community of Practice Research Writing 12-session workshop.

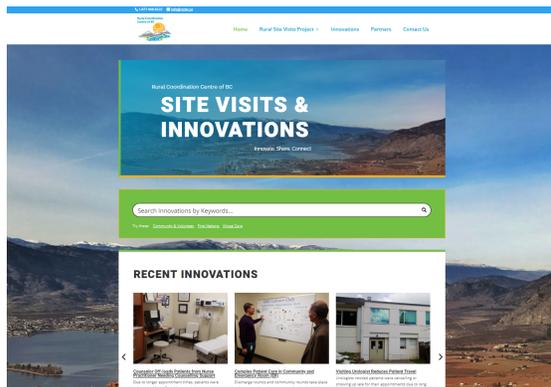


Racism Training

Site Visitors identified the need for more support with how to engage in safe discussions about racism and how to respectfully call in harmful and discriminatory behaviour and practices.

We are working with a cultural safety facilitator to deliver four sessions in Jan/Feb 2021. This will enhance Site Visitors' communication skills and relationship building moving forward. Of the remaining RSA communities, 54% are primarily Indigenous.

Innovations Website



Throughout the Site Visits meetings, we have learned about many innovations that rural communities have developed to address their local health care challenges. These models, programs, initiatives, approaches and work-arounds have improved their community as a whole. Also, it was commonly voiced by participants that they would love to learn more about what other communities have achieved. Thus, a website was created to share the innovations so that communities can learn from each other’s successes, cross-pollinate ideas, and form new connections with each other.

Additional consent was given by participants that wanted to include their contact information and community with their innovation.

Ruralinnovations.ca launched on September 11, 2020 to all participants and stakeholders with over 100 innovations posted.

Some of the key features include:

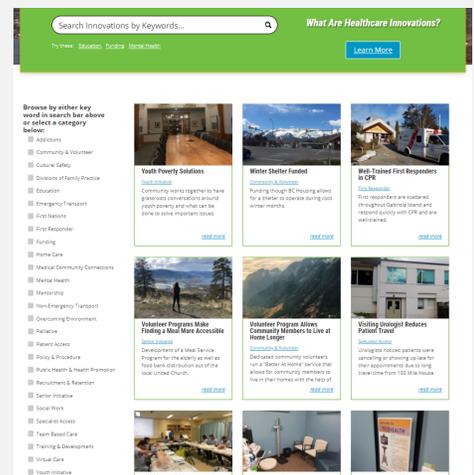
- Browsing by either categories or key word searches
- Submitting your own innovations
- An Innovations Concierge to help connect users or find the most relevant innovations for them
- Joining a mailing list to keep up to date
- A whiteboard [YouTube video](#) overviewing the innovations inventory

Every 2-months a new batch of approximately 40 innovations will be added. The next focus will be an engagement and marketing strategy to raise awareness about the innovations inventory and Innovations Concierge. Some ideas and opportunities include finding venues to share information such as conferences, symposiums, meetings; collaborating with partners to cross-share information; creating a podcast; hosting open forums for communities.



[We] would love to see information about other initiatives going on around other provinces that [we] might be able to learn from.

- Combined Partners



Are you looking for an innovation to help with your health care challenge? Do you want to submit your own innovation to share with other rural community members?

Contact Tracey, the Innovations Concierge!



Tracey Deleeuw at tdeleeuw@rccbc.ca

NURSE POINT OF CONTACT IN COMMUNITY

Overview:

Patients of Anahim Lake are given direct contact details to a community nurse. This point of contact offers quick responses and real-time support.



“ It's good care. It's personalized care because somebody can send a photo of their rash to [Nurse X] at 2:00 in the morning and the next morning she gets back to them. Either try this or try that, go and see somebody for this or [that] – you know. And people feel like they're cared for. People feel like there's somebody to listen rather than, 'oh, I have to drive to Williams Lake' or 'I have to see whoever comes to the community next time around'. There's somebody I can reach out to now. And what we consider to be an emergency is very different from what the patients consider to be an emergency. I think from their point of view it's great to feel like there's somebody who listens or somebody on the other side when I'm having my crisis... think it's great [that]...[Nurse X] is on the other side now. We make a good team.

Innovation Tags:

[Maternity](#) | [Team Based Care](#)

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[Click to Call](#)

Community:
Anahim Lake

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