



FKT4

Slide 1

FKT4

Ajouter le titre de la présentation

Fatoumata Korika Tounkara, 1/11/2016



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Richard Fleet MD PHD CCFP
(EM)



KNOWLEDGE TRANSLATION CANADA

APPLICATIONS DES CONNAISSANCES CANADA

January 14, 2016

Disclosures





Research Chair Emergency Medicine

Mission

**Improve access to sustainable
quality emergency care for rural
citizens**



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Rural Emergency Care in Canada: Should you Be concerned ?

There is only one path towards the impossible : RESEARCH



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Knowledge Transfer

WHAT KT STRATEGIES DID WE USE ?
WHAT KT STRATEGIES COULD WE USE?



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"If there is two-tiered medicine in Canada, it's not rich and poor, it's urban versus rural"

Dr John Whooton



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Who Should Be Interested In Rural Emergency Care ?



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Is your hospital an academic referral center?



Rural Emergency Departments = Safety nets

- * 20% Canadians live rurally
- * Up to 50% of ED visits
- * 4 million rural ED visits/year



Major Cuts to rural services

- * Regionalization/centralization
- * Reduced ED hours
- * Closed hospitals



Major Cuts to Emergency Services in Canada

*What is the situation



Few studies in Québec and Canada



CAEP ▲ Canadian Association
of Emergency Physicians
ACMU ▲ Association canadienne
des médecins d'urgence

- * Recommendations for the Management of Rural, Remote and Isolated
- * Emergency Health Care Facilities in Canada



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CAEP | Canadian Association
of Emergency Physicians
ACMU | Association canadienne
des médecins d'urgence

CAEP Position paper

- * Published 1997
- * No recent standards
- * What services should we be offering ?
- * Surgeon ?
- * CT scan ?
- * Critical care monitoring beds ?
- * WHAT IS AN EMERGENCY DEPARTMENT ?



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The Inspiration

Kootenay Lake Hospital

Nelson, BC



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Fraser Institut Hospital report card 2011

- * CIHI, DAD
- * Ranked 4/47 en 2001-2002
- * After service cuts : Fell to last place ! (2008-2009)
Reason = Failure to rescue



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DESCRIPTIVE ARTICLE ARTICLE DESCRIPTIF

Patient advocacy by rural emergency physicians after major service cuts: the case of Nelson, BC

*Richard Fleet, MD,
PhD, CCFP(EM)
Department of Family and
Emergency Medicine [Au]:
correct that this is
one department?],
Université Laval, Québec,
Que.; Research Centre of the
Hôtel-Dieu de Lévis, Lévis,
Que.*

*Jeff Plant, MD,
FRCPC
Faculty of Medicine,
University of British
Columbia, Vancouver, BC;
Department of Emergency
Medicine, Penticton Regional
Hospital, Penticton, BC*

Efforts at cost containment through regionalization have led to reduced services in several rural emergency departments (EDs) in Canada. As a result, questions have been raised about patient safety and equitable access to care, compelling physicians to advocate for their patients. Few published reports on physicians' advocacy experiences pertaining to rural EDs exist. We describe our experience of patient advocacy after major service cuts at Kootenay Lake Hospital in Nelson, BC. Despite mixed results, we suggest increased physician involvement in patient advocacy.

*Rhonda Ness, MD,
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*Shiraz Moola, MD,
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Department of Obstetrics
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Lake Hospital, Nelson, BC*

EDITORIAL/COMMENTARY

Access to emergency care in rural Canada: should we be concerned?

Richard Fleet, MD, PhD, CCFP (EM)*[†]; Patrick Archambault, MD, MSc*[†]; Jeff Plant, MD^{†§};
Julien Poitras, MD, CCFP (EM)*[†]

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CJEM 2013;1-3

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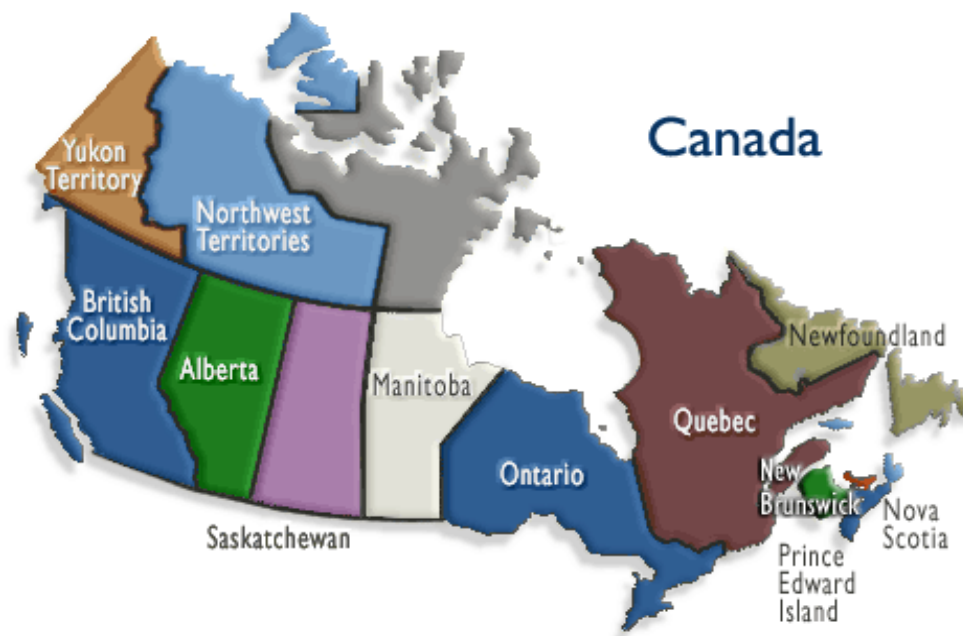
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Is Nelson BC unique in Canada?



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THE Canadian Rural Emergency Pilot Projects

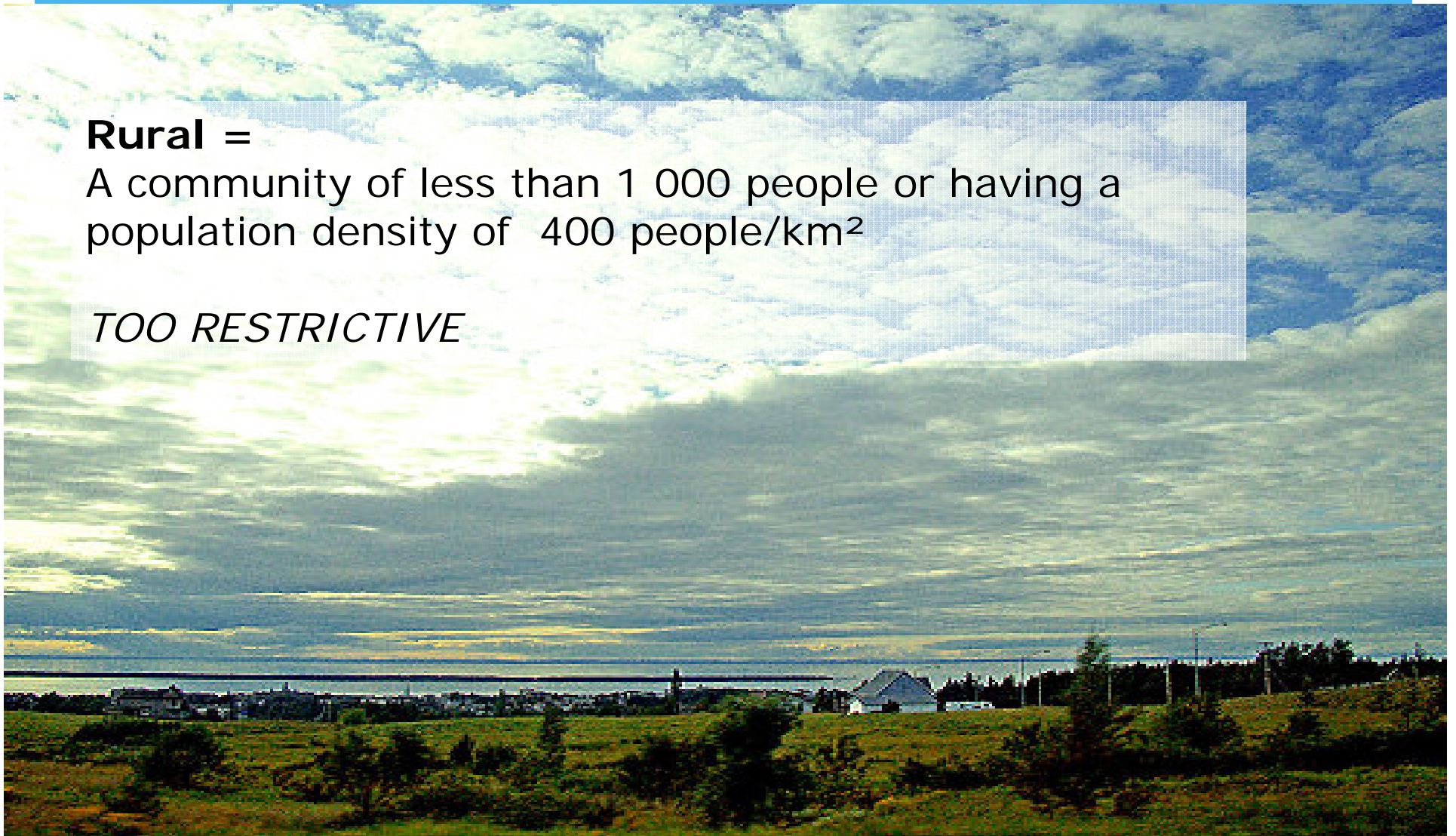
1. Rural definition
2. Identify and categorize rural EDs
3. Evaluate and compare access to services :
 - * **Phase 1** – BC vs CB
 - * **Phase 2** – 25 % rural EDs in Canada
 - * **Phase 3** – QC vs ON
 - * **Phase 4** – 100 % of rural EDs in Canada

What is rural ?

Rural =

A community of less than 1 000 people or having a population density of 400 people/km²

TOO RESTRICTIVE



Definition of rural area*

- 1- Density **less than 400 sq. km**
AND urban core **more than 10,000 people.**
- 2- Density of **more than 400 sq. km**
AND urban core **less than 10,000 people.**
- 3- Density of **less than 400 sq. km**
AND urban core **less than 10,000 people.**

* *Rural and small towns (RST), Statistics Canada (2006)*

Selecting rural Emergency departments

- * 24/7 in hospital medical coverage
- * hospitalization beds



Identifying these rural Emergency Departments

- * *Guide des établissements de santé du Canada (2009)*
- * Ministry of Health (MOH) Websites
- * Phone calls to MOH
- * Confirmation of final list by MOH

Proportion of rural EDs at national level (2010)

	QC	PE	BC	ON	NB	NS	AB	SK	MB	NL
Total	94	3	74	16 6	17	32	99	57	57	29
RST	26	1	34	79	9	20	71	46	48	25
% RST	28	33	46	48	53	63	72	81	84	86

RST: *Rural and small towns*

PHASE 1 : QC vs CB

- * **Objective:**

Compare services in rural EDs of QC

- * **Méthodology:**

Brief structured telephone interviews by me



Resultats Phase 1: BC vs QC

	BC (N = 34)	QC (N = 26)
Annual ED visits (avg)	7 855	19 310
Distance trauma center (avg)	314 km	334 km
CT scan 24/7	3 %	73 %
ICU in house	15 %	88.5 %
General surgeon 24/7	12 %	81 %

Comparison of access to services in rural emergency departments in Quebec and British Columbia

Richard Fleet, MD, PhD*[†]; Louis-David Audette, MD*; Jérémie Marcoux[†]; Julie Villa[†];
Patrick Archambault, MD, MSc*[†]; Julien Poitras, MD*[†]

From the *Department of Family and Emergency Medicine, Université Laval, Quebec City, QC; [†]Research Chair in Emergency Medicine, Université Laval - Hôtel-Dieu de Lévis, Lévis City, QC.

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This article has been peer reviewed.

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2013;0(0) 1

PHASE 2 : A TASTE OF Canada (25%)

* Objective

Evaluate services offered in 25 % of randomly selected EDs (N = 84/336)

In anticipation of refusals = 122 EDs

* Methodology

Telephone interview

Phase 2 = 122 Emergency Departments

Provinces	Urgences rurales	% des urgences rurales
Alberta	17	26 %
Colombie-Britannique	9	26 %
Manitoba	12	27 %
Saskatchewan	13	27 %
Ontario	17	27 %
Québec	7	27 %
Nouveau-Brunswick	3	27 %
Nouvelle-Écosse	5	29 %
Terre-Neuve et Labrador	8	35 %
Nunavut	1	50 %
Île-du-Prince-Édouard	1	100 %
Yukon	1	100 %
Territoires du Nord-Ouest	1	100 %

Results Phase 2 (cont'd)

ED visits/year	Avg = 14 650
ED stetchers	Avg = 7
CT scan	20%
ICU	17 %

Results Phase 2 (cont'd)

General surgery 24/7	26 %
Internist 24/7	12 %
Psychiatry 24/7	10.5 %
Obs-Gyn 24/7	9.5 %
Ortho 24/7	6 %
Pediatrics 24/7	5 %

Results Phase 2 (cont'd)

Distance form ICU	avg = 218 km
ICUI > 150 km	35.5 %
Distance trauma center	avg = 270 km
Traum center > 150 km	57 %
Distance pediatrics	avg = 237 km
Average pédiatriques > 150 km	47 %

BMJ Open A descriptive study of access to services in a random sample of Canadian rural emergency departments



For numbered affiliations see end of article.

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Patrick Archambault^{1,2}



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Phase 3 QC versus ON : IDEM



RESEARCH ARTICLE

Differences in Access to Services in Rural Emergency Departments of Quebec and Ontario

Richard Fleet^{1,2}*, Christina Pelletier¹, Jérémie Marcoux¹, Julie Maltais-Giguère², Patrick Archambault^{1,2}, Louis David Audette¹, Jeff Plant³, François Bégin¹, Fatoumata Korika Tounkara², Julien Poitras^{1,4}



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If you're in a rural area and in need of emergency care, you're better off in Quebec than Ontario or B.C.: study



TOM BLACKWELL | May 4, 2015 4:04 PM ET
More from Tom Blackwell | [@tomblackwellNP](#)

Republish
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File: A girl's hand is bandaged at Perth Great War Memorial and Smith Falls District hospital in Perth, Ontario.

Lars Hagberg for National Post



PHASE 4 : Canada 100 %

Objective

Evaluate services offered in all rural EDs
(N = 332)

Méthodologie

same methods



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Access to services in 332 rural EDS



Introduction

Emergency Departments (EDs) are important safety nets for 20% of Canadians who live rurally. Information on the services provided in rural EDs is scarce. Access to care is a cardinal feature of the Canada Health Act, yet, recent efforts at cost containment through regionalization may impact access to comprehensive emergency care.

Objective

Examine 24/7 local access to services in Canadian rural EDs.

Methods

All EDs located in Canadian rural small towns (defined by Stats Canada) from each province/territory were selected to participate ($n=332$ rural EDs; 99% participation rate ($n=329$)). We focused on hospitals with 24/7 ED physician coverage that have hospitalization beds.

Data were collected from Ministries of Health, local health authorities and ED statistics. A semi-structured recorded phone interview was conducted with ED managers to collect additional data and confirm the status of services.

Results

Table 1. Hospitals general characteristics

Annual ED patient visits	AVG = 12,222 (SD = 8,724)
Number of ED stretchers	AVG = 6.1 (SD = 3.7)
Presence of a local ICU	24 %
EDs > 300 km of the nearest trauma center*	21 %

* Actual trauma center level not verified.

Table 2. 24/7 access to consultants

General surgeon	28 %
Internal medicine	13 %
Obstetrician-gynecologist	13 %
Orthopedic	6 %
Pediatrician	6 %
Psychiatrist	9 %

Table 3. 24/7 access to equipment

CT scanner	15 %
Ultrasound	22 %
Bedside ultrasound	44 %
Basic X-ray	92 %
Laboratory	95 %

Conclusions

This is the first study to describe the services offered in all Canadian rural EDs. Other than basic laboratory and X-ray services, the majority of rural EDs have limited access to professional and ancillary services.

A detailed study is required to evaluate the impact of these services on inter-facility transfers, costs, professional recruitment/retention and patient outcomes. Further analyses are required for inter-provincial and rural-urban comparisons.

www.medicineurgence.ca

Less than 15 % have a CT scan



What do the results of the Canada Pilot project tell us ?

- * Limited access to specialty medicine
- * Limited access to advanced Imaging
- * Great distances
- * Interprovincial differences

What are the consequences ?

Impact on ...

- * Interfacility transfers?
- * Quality of care ?
- * Savings ?
- * Quality of work life ?
- * Recrutement and retention ?

A detailed study is required



Portrait of rural emergency departments in Quebec and utilization of the Quebec Emergency Department Management Guide

- * Funded by FRQS 2011-2015
- * 26 rural EDs of Québec (100%)
- * 5 Quebec universities

Portrait of rural emergency departments in Quebec and utilization of the Quebec Emergency Department Management Guide

Coinvestigators :

- Dr Patrick Archambault
- Dre France Légaré
- Dr Jean-Marc Chauny
- Dr Jean-Frédéric Lévesque
- Dr Mathieu Ouimet
- Dr Gilles Dupuis



Portrait of rural emergency departments in Quebec and utilization of the Quebec Emergency Department Management Guide

Collaborators:

- Dre Jeannie Haggerty
- Dr Julien Poitras
- Dr Alain Tanguay
- Dre Geneviève Simard-Racine
- Mme Josée Gauthier



Portrait of rural emergency departments in Quebec and utilisation of the Quebec Emergency Department Management Guide: a study protocol

Richard Fleet,¹ Patrick Archambault,¹ France Légaré,² Jean-Marc Chauny,³ Jean-Frédéric Lévesque,⁴ Mathieu Ouimet,⁵ Gilles Dupuis,⁶ Jeannie Haggerty,⁷ Julien Poitras,¹ Alain Tanguay,¹ Geneviève Simard-Racine,⁸ Josée Gauthier⁹



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Three Phases of Quebec study

- * Phase 1

- * Portrait des urgences rurales au Québec (DETAILED)

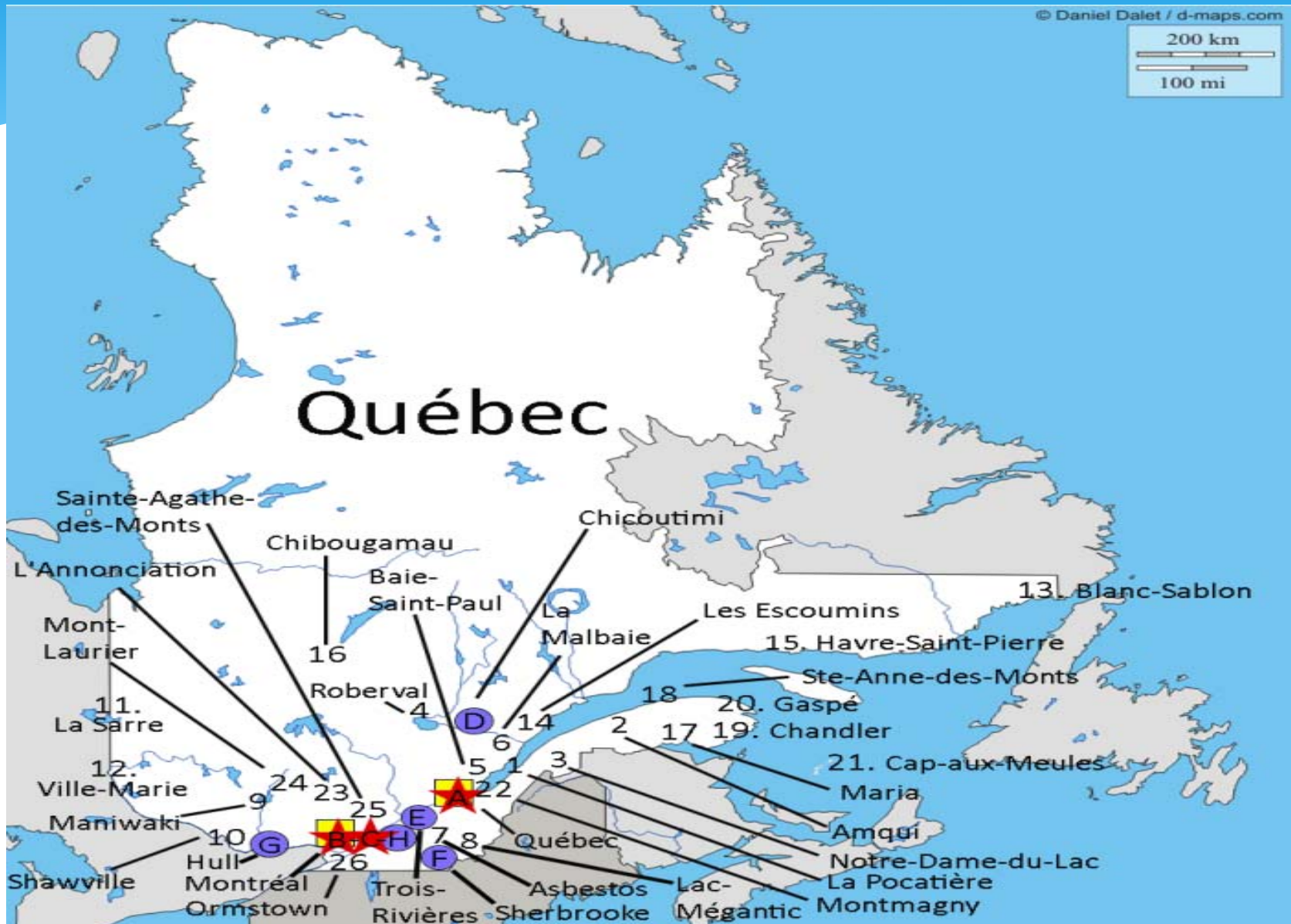
- * Phase 2

- * Utilization of the QC ED management guide
- * Quality of Care and performance measures
- * Quality of work life and recruitment and retention

- * Phase 3












- * Transfert des connaissances

Quebec rural EDs



RESEARCH ARTICLE

The Quebec Rural Emergency Department Project: A Cross-Sectional Study of a Potential Two-Pronged Strategy in the Knowledge Transfer Process

Mélodie-Anne Drouin^{1,2}[✉], Richard Fleet^{1,2}^{*}, Julien Poitras¹[‡], Patrick Archambault^{1,2}[✉], Jean-Marc Chauny³[‡], Jean-Frédéric Lévesque⁴[‡], Mathieu Ouimet⁵[‡], Gilles Dupuis⁶[‡], Alain Tanguay¹[‡], Geneviève Simard-Racine⁷[‡], Josée Gauthier⁸[✉], Fatoumata Korika Tounkara²[✉], Marie-Hélène Gilbert²[✉], France Légaré⁹[✉]

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[✉] These authors contributed equally to this work.

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Citation: Drouin M-A, Fleet R, Poitras J, Archambault P, Chauny J-M, Lévesque J-F, et al. (2015) The Quebec Rural Emergency Department Project: A Cross-Sectional Study of a Potential Two-Pronged Strategy in the Knowledge Transfer Process. PLoS ONE 10(4): e0120523. doi:10.1371/journal.pone.0120523

* Mélodie-Anne étudiante en médecine et boursière IRSC pour stage d'été

COMPLETE RESULTS QUÉBEC PROJECT

* Stay tuned 2015-2016

FKT1

Qu'est -ce que je dois mettre comme résultat?

Fatoumata Korika Tounkara, 1/11/2016

Phase 1 results

Fleet et al. *BMC Health Services Research* (2015) 15:572
DOI 10.1186/s12913-015-1242-0

BMC Health Services Research

RESEARCH ARTICLE

Open Access



Portrait of rural emergency departments in Québec and utilization of the provincial emergency department management Guide: cross sectional survey

Richard Fleet^{1,2,11*}, Julien Poitras^{1,2}, Patrick Archambault^{1,2}, Fatoumata Korika Tounkara², Jean-Marc Chauny³, Mathieu Ouimet⁴, Josée Gauthier⁵, Gilles Dupuis⁶, Alain Tanguay², Jean-Frédéric Lévesque⁷, Geneviève Simard-Racine⁸, Jeannie Haggerty⁹ and France Légaré¹⁰

We now need to look at « hard » outcomes like : DEATH

Joynt et al.(JAMA. 2011;306(1):45-52)

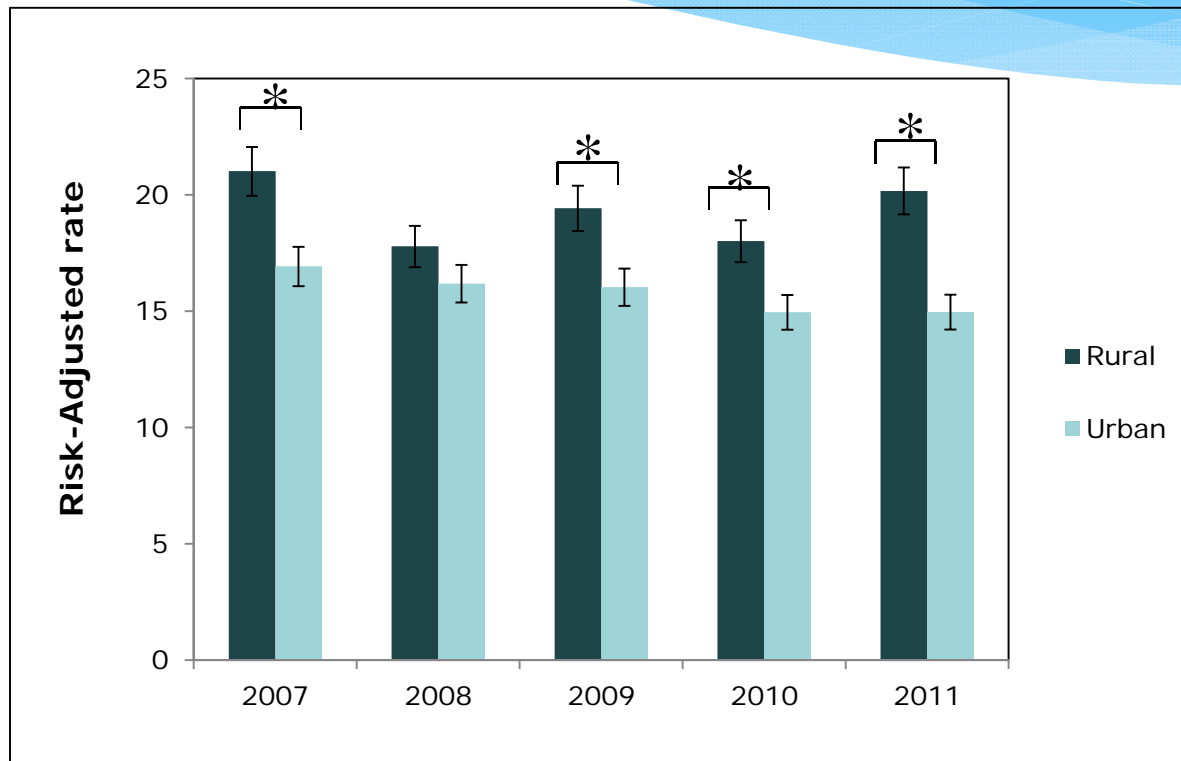
Higher mortality in rural vs urban Hospitals in
the US.

So what is the situation in Canada ?

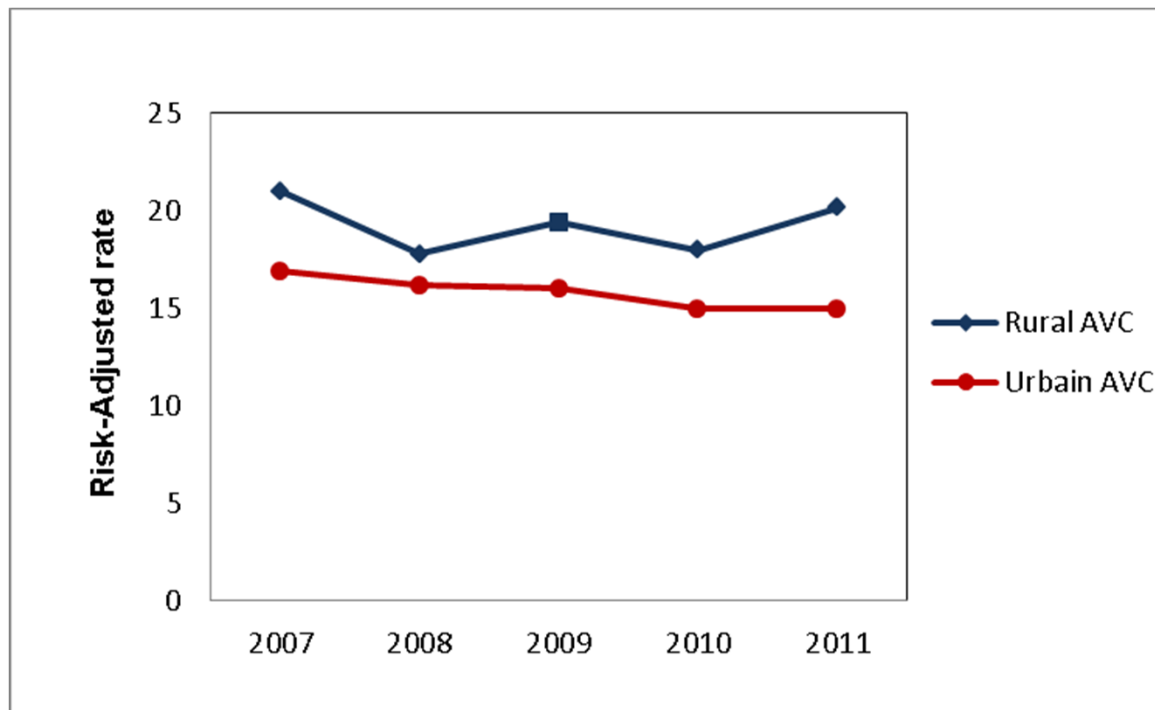


30 Day mortality – stroke

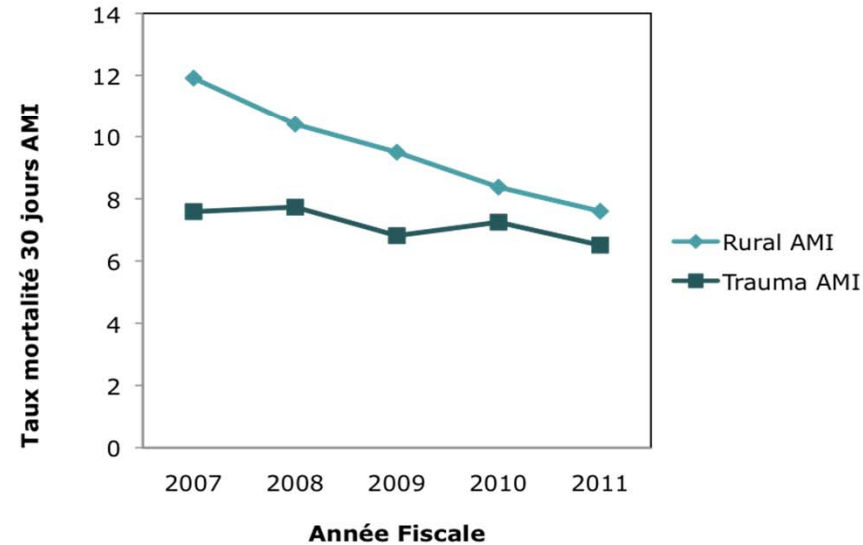
Rural vs Urban



30 Day mortality from stroke



30 Day mortality from myocardial infarction Rural vs Urbaine



Slide 57

RF [12]1 traduire et changer trauma pour urbain

Richard Fleet, 1/9/2016

RF [18]1 finir de traduire titre svp

Richard Fleet, 1/11/2016

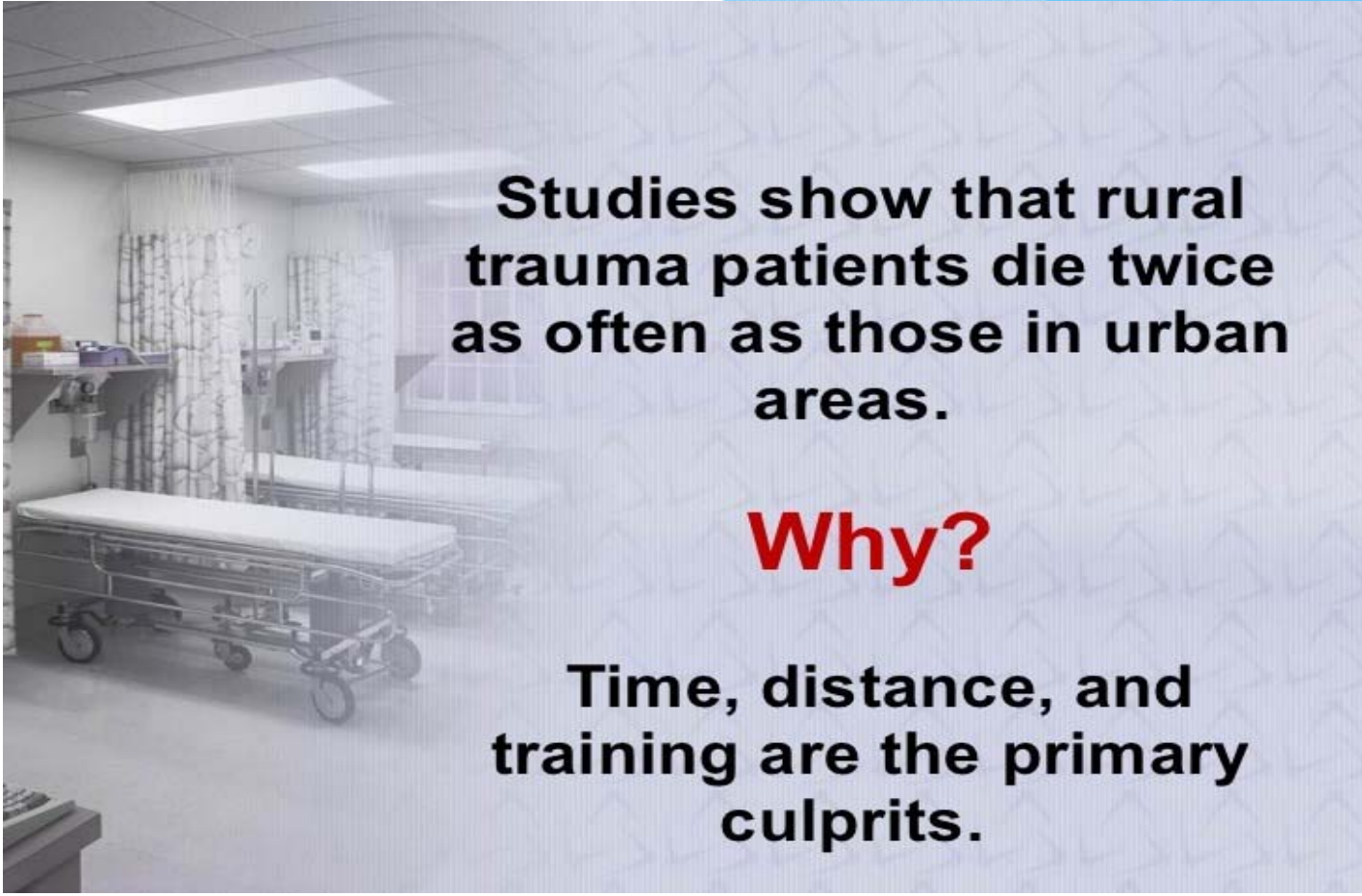
FKT2 c'est Sylvain qui a préparé cette figure. Il faut changer trauma en urbain à la source. N'ayant pas la source, je pourrais pas changer la figure

Fatoumata Korika Tounkara, 1/11/2016

Future projects : NORTHERN EMERGENCY MEDICINE



Future projects : RURAL TRAUMA



Studies show that rural trauma patients die twice as often as those in urban areas.

Why?

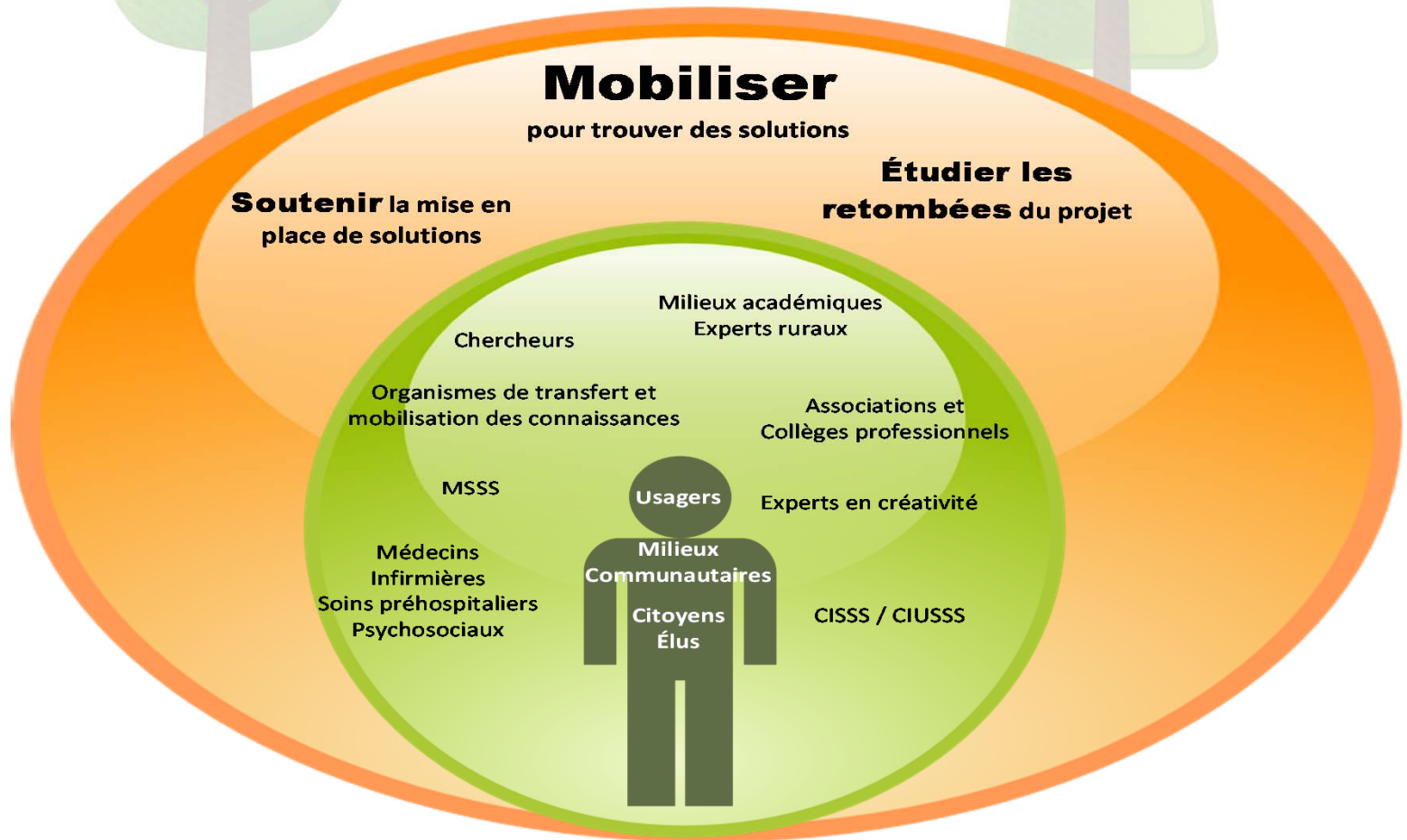
Time, distance, and training are the primary culprits.

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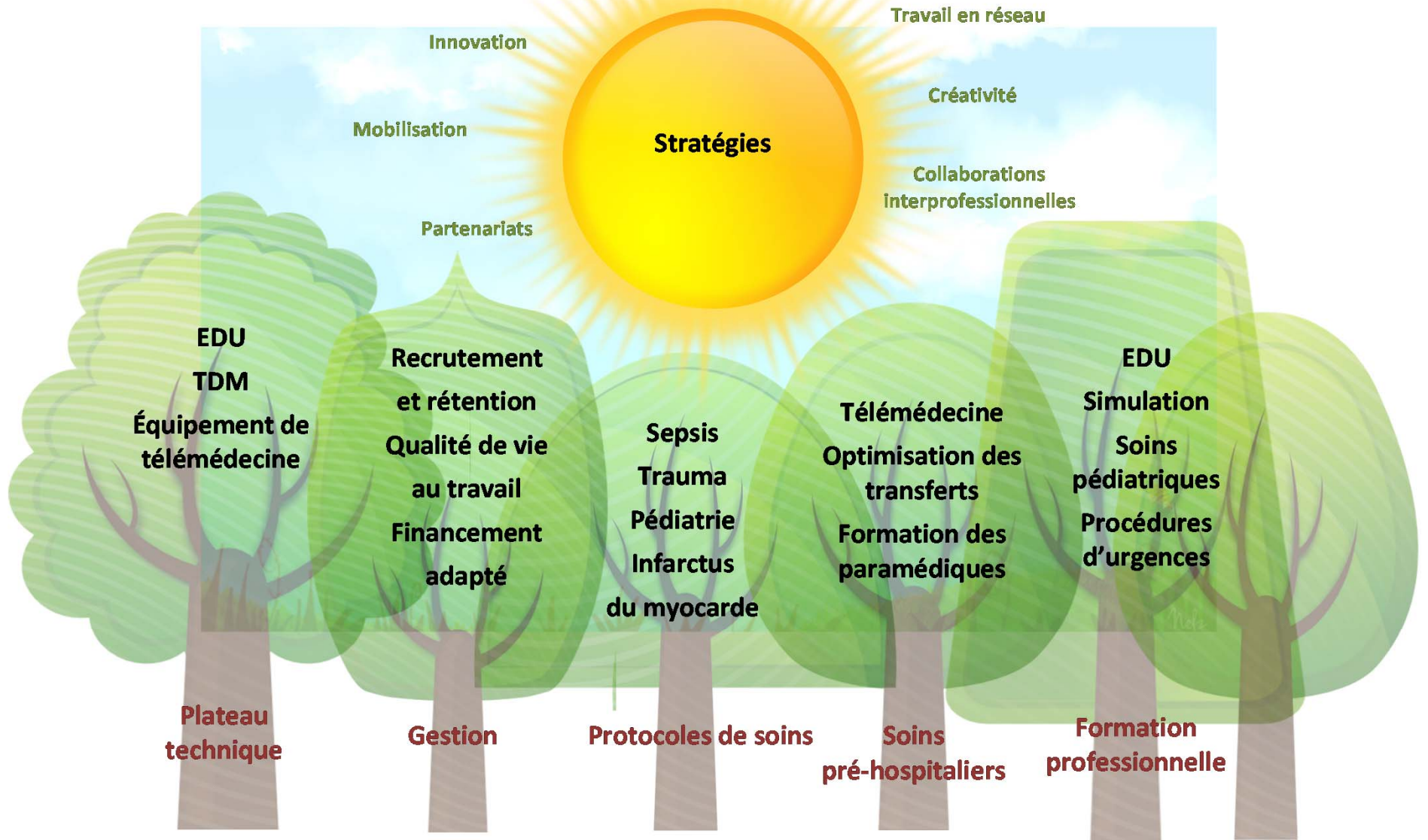
Projet urgences **RURALES 360°**

Améliorer la qualité des soins et la performance des urgences



Projet urgences RURALES 360°

Des solutions locales pour améliorer les soins d'urgence en milieu rural



What do we expect from the results of these studies ?

First national emergency studies

- * Know and appreciate the challenges of rural emergency care
- * Target and guide the allocation of regional services
- * Promote the implementation of the recommendations of the Guide
- * To highlight the impact of the organization of care on the quality of care and QWL
- * Developing solutions and interventions



Important work to follow

UBC CPD



CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE

Rural Emergency Medicine Needs Assessment British Columbia, Canada

Dr Tandi Wilkinson et al 2015

Recommendations

- ✓ Design Training and CPD Opportunities that Reflect the Broad Skill-Set of Rural Generalists.
- ✓ Align Rural Physician Recruitment Efforts with Existing Evidence on Rural Exposure.
- ✓ Improve Training and Orientation Processes for Rural Physicians.
- ✓ Standardize Privileging and Credentialing Processes across Health Authorities.
- ✓ Explore Ways to Improve the Patient Transport System to be Responsive to the Needs of Rural EM Providers and Patients.

Recommendations

- ✓ Promote Widespread Adoption of No-Refusal Policies.
- ✓ Build Capacity by Exploring More Flexible Remuneration and Scheduling Systems.
- ✓ Develop Real-time Support and Feedback Mechanisms for Rural EM Physicians.
- ✓ Foster Collegiality among Rural Health Care Teams and Referral Centres.
- ✓ Standardize Resources and Equipment in Rural BC Communities.

Recommendations

- ✓ Augment System-Level Support for Rural Locums.
- ✓ Promote Development of Customized, Local & Team-Based Education.
- ✓ Provide Additional CPD Funding to Rural Locums, IMGs, Remote or Isolated Rural Physicians, and Non-Physician EM Team Members.
- ✓ Offer Education Opportunities that Reflect Specific Gaps Identified in this Study.

Society Rural Physicians of Canada

- * **Joint position paper on rural surgery and operative delivery**
- * **Current issue of Canadian Journal of Rural Medicine**
- * ***Can J Rural Med 2015;20(4)***

THANK YOU PARTICIPANTS AND Co- INVESTIGATORS

- 3 Research chairs
- 6 Universities
- 12 co-investigators
- 20 students , residents and research assistants
- 300 Emergency departments
- 500 professionals /descion –makers
- 4 000 000 ED visits
- 6 000 000 people





LETS GET BACK TO KNOWLEDGE TRANSFER

WHAT STRATEGIES KT DID WE USE ?

WHAT STRATEGIES KT COULD WE USE?



KNOWLEDGE TRANSLATION CANADA

APPLICATIONS DES CONNAISSANCES CANADA

