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## POSTER ABSTRACT

# Rural emergency care 360° : mobilising healthcare professionals, decision-makers, patients and citizens to improve rural emergency care in the province of Quebec, Canada

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Richard Fleet<sup>1,2,3,4</sup>, Gilles Dupuis<sup>7</sup>, Jean-Paul Fortin<sup>2,4</sup>, Jocelyn Gravel<sup>5</sup>, Mathieu Ouimet<sup>6</sup>, Julien Poitras<sup>2</sup>, France Légaré<sup>2,4</sup>, Catherine Turgeon-Pelchat<sup>1</sup>

1: Chaire de recherche en médecine d'urgence Université Laval - CISSS Chaudière-Appalaches, Canada;

2: Faculty of medicine, Laval University, Quebec, Canada;

3: Research center CISSS Chaudière-Appalaches, Lévis, Canada;

4: Centre de recherche sur les soins et services de première ligne U-Laval, Quebec, Canada;

5: CHU Ste-Justine, Montréal, Canada;

6: Faculty of social sciences, Laval University, Québec, Canada;

7: Department of psychology, UQAM, Montreal, Canada

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**Introduction:** Emergency departments (EDs) represent an important safety net for rural populations. In the present context of growing needs and limited resources, policy-makers thus need evidence to inform their choices about allocation of emergency care and services in remote areas.

We present preliminary data and unique methodological challenges from this large ongoing study that mobilizes patients, citizens and multiple stakeholders with the mission of improving rural emergency care in Canada's second largest province [1].

**Methods:** This participatory action research aims to facilitate implementation of locally relevant solutions to improve emergency care.

Twenty six rural EDs met our inclusion criteria (24/7 services, admission beds, town < 15 000 inhabitants, located > 50 minutes from a level I or II trauma center). A local "champion" for each site was designated. He/she collaborated with the research team throughout the project.

### Data collection:

1- A quantitative questionnaire to describe each EDs was completed.

2- In order to emphasize rural stakeholder's perspective on their challenges and solutions, various stakeholders (national, regional and local decisions-makers, health-care professionals, patients and citizens) were invited to participate in semistructured interviews. Interviews were analysed using thematic analysis.

3- An expert panel will develop consensus recommendations from solutions suggested in the interviews and will evaluate feasibility, impacts, costs and priority.

4- Recommendations will be transferred to stakeholders using tailored knowledge translation strategies.

5- Questionnaires will be developed to evaluate KT and explore further impacts of the project.

**Results:** In total, Rural EDs treat more than 300 000 patients / year (15000/ED/year). Sixty percent of rural EDs are more than 150km away from a level I or II trauma center. Lack of local resources leads to transfers of 3-4% of all cases, often on an emergent basis.

A total of 185 persons from 10 different ED/communities participated in an interview phase. The ongoing analysis of the interviews confirm the unique challenges rural ED faced (recruitment and retention, medical transfers, access to specialties, etc.). It also highlights promising solutions to improve care in rural ED (administrative autonomy, expanded practice, technological solutions, etc.).

The expert panel will meet this winter. Expected results is a comprehensive list of tailored-made solutions and resources for rural EDs.

**Discussions:** This is the first study in rural Canada to involve multiple stakeholders/patients in a mission to improve locally relevant and sustainable emergency care.

**Conclusions:** This research experience, involving large-scale mobilisation, will hopefully serve as a model for improving performance in all areas of our health and social care system.

**Lessons learned:** Participatory action research approach is demanding but it can lead to rich collaborations and help implement recommendations.

**Limitation:** Implementation of solutions is pending but the unique methodology of the research project is, in itself, interesting to report.

**Suggestions for future research:** The study's methodology could be deployed elsewhere in Canada and internationally.

**Reference:**

1- Fleet R, et al., Rural emergency care 360° : mobilising healthcare professionals, decision-makers, patients and citizens to improve rural emergency care in the province of Quebec, Canada: a qualitative study protocol. *BMJ open*. 2017 Aug 1;7(8).

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**Keywords:** emergency care; rural; participatory action research; citizen involvement in research

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