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POSTER ABSTRACT

Piloting the "Rural Emergency 360" project in two emergency departments in Quebec, Canada: Can we really mobilize citizens, patients and multiple stakeholders to improve health care ?

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Introduction: Emergency departments (EDs) in rural and remote areas face well-known challenges, calling for organizational innovations tailored to their context. The main objective of this study was to pilot the methodology to be used in a large-scale province-wide project that aims to mobilize multiple stakeholders to find applicable solutions to improve rural emergency care [1].

Methods: Based on a case study approach, research was carried out in a convenience sample of two rural EDs selected on the basis of contrasting characteristics (geography, population and resource available). Information on EDs (visits, staff, resources, etc.) were collected with a questionnaire. Data were the object of descriptive statistics. Qualitative data were collected via semi-directed interviews and analyzed using the thematic analysis method, with NVivo software.

Results: Statistical portrait highlights similarities (case types, team size, and emergency size) and differences (wait times, consultation volumes, specialities available and number of transfers) between the two EDs. EDs receive annually between 12 940 and 21 284 visits. Ten percent of them are of high acuity. One ED had no local access to CT scan and intensive care unit.

A total of 68 participants, including patients, citizens, decision makers and healthcare professionals, took part in individual interviews (33) and focus groups (9) that aim to identify unique challenges and opportunities for the two EDs. Qualitative data highlighted the importance of the context to understand rural EDs. The importance of EDs as a safety net for the population and as a tool for regional development was also mentioned. Four main themes emerged from our analysis in regards to challenges and solutions: 1) local and regional management; 2) health services organization; 3) access to technical and human resources; 4) professional practice (training, recruitment, retention).

Discussions: Challenges and solutions identified vary in accordance with the distinctiveness of each ED, supporting the notion that "one size will not fit all."

Conclusions: This pilot project gave us an opportunity to validate the relevance and feasibility of mobilizing a large and diverse group of local stakeholders and using a qualitative approach to identify problems and solutions typical of rural EDs.

Lessons learned: The originality of our results lies in the way the general recommendations were anchored in the reality of the two EDs studied. The combination of data offers a unique perspective on rural EDs.

Limitation: By the nature of this pilot study, we did not reach data saturation for the qualitative phase of the study. The scope of data collected does, however, offer a solid foundation for the wider project.

Suggestions for future research: This pilot project lays the cornerstone for a larger project that goes well beyond a qualitative approach and statistical portrait of rural EDs. The Rural Emergency 360° study aims to mobilize the rural emergency community and support it to take ownership of the results.

References:

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).

Keywords: rural and remote; emergency care; case study; community activation; patients and professionnal's experience

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