



BEST CARE INCLUDES WHERE

A rural medicine toolkit for reducing unnecessary patient movement for medical care.



Inspiration for this toolkit

The Northwest Territories (NWT) is home to 42,000 people spread out over a vast area of 1.3 million square kilometres. There are 11 official languages and 33 communities, many of which do not have consistent road access. Indigenous people make up half the population of NWT and are the majority in 29 of the NWT's 33 communities. Health care in remote areas relies heavily on community health nurses, with only four larger communities having resident physicians. The tertiary care hospital in Yellowknife serves NWT and western Nunavut, with referrals largely to Alberta for specialized care.

Decisions about health care in the NWT are not just about the test or treatment, they are also about moving people. The importance of addressing low-value care is amplified in rural and remote areas. For every low-value episode of care, the movement required to get the patient to that care has a multiplier effect on cost, as well as the indirect costs of the patient being away from home, work, family, and culture for an extended time. These challenges are amplified even further by the impact of language barriers, need for escorts, unfamiliar systems, and the imperative to provide culturally safe care to people experiencing lasting effects of colonization.

This toolkit draws on the Choosing Wisely Canada recommendations by the Society of Rural Physicians of Canada (Appendix A), focusing on reducing unnecessary patient movement from rural communities for medical care and optimizing transportation when necessary.



Introduction

This toolkit was created to support the implementation of interventions designed to reduce unnecessary patient movement for medical tests and treatments. It can be adapted for local use by clinician groups and organizations that wish to optimize practice by:

- Bringing Care Close to Home, when appropriate
- Moving the Patient to Care, when necessary
- Optimizing movement, when required



Make sure this toolkit is right for you

This toolkit is well suited for your organization if patients need to travel to larger referral centres for tests or treatments (regardless of distance) and may face challenges related to the requirement to travel for this care. Tools and resources have been designed for use by a variety of practitioners, including physicians, nurse practitioners, community health nurses, and health care administrators.



Key ingredients of this intervention:

If the description above accurately reflects your current environment, this module may help your organization reduce unnecessary patient movement by adapting the following tools and resources for use in your local context:

- 1) Specialist Referral Guides
- 2) Tests and Treatments Available in Communities
- 3) Medical Travel Considerations
- 4) Innovation Highlights
- 5) Recommendations for Improving Coordination of Medical Travel

1. Specialist Referral Guides:

The primary goal of this intervention is to optimize specialist consultation by providing practitioners with information on how to:

- Manage initial steps for certain conditions.
- Ensure appropriate referral to specialists.
- Ensure appropriate workup is complete before the specialist appointment.
- Identify what types of conditions are appropriate for virtual assessment.
- Coordinate investigations and consultations when medical travel is required.

In addition to bringing care closer to home, use of Specialist Referral Guides may improve access to timely care, whether in the home community or with a specialist.

A **Specialist Referral Guide** has been developed for most NWT specialty areas and some specialty areas that require referral out of territory (generally to Alberta). Each guide includes specific instructions on how and when to submit a referral to the specialty service, highlights important clinical considerations, and provides detailed recommendations for investigation, initial management, and referral of common clinical conditions. Specific information related to appropriate patient movement is embedded in the instructions, such as how to manage urgent and advice-only consultations, and when virtual care may be an option.

Development and implementation of the Specialist Referral Guides should involve practitioner engagement from initial stages through to completion and evaluation. An initial practitioner survey and consultation with clinical leads can create overall awareness of the initiative and is helpful in identifying which specialty areas to target and where the guides should be posted for easiest access. Analysis of referral data can also help determine which practice areas would most benefit from a referral guide.

A standard template for the guides has been developed through review of the literature and consultation with stakeholders (Appendix B). This template can be used to produce a Specialist Referral Guide specific to one's own jurisdiction. NWT Specialist Referral Guides are being updated on a regular basis and are therefore not included here but can be made available upon request.

Recommended steps for developing a Specialist Referral Guide are:

- Identify clinical leads for each specialty area.
- Contact the identified specialist clinical leads, provide background information and rationale, and ask for assistance in populating the template or adapting an NWT guide. It may be helpful to offer letters of confirmation to be used towards CME credits. If possible, identify an individual who will review peer-reviewed and grey literature to make sure that all recommendations are up to date and take full benefit from other similar referral guidelines.

- Confirm contact information and referral processes with the specialist service.
- Ask referring and consulting clinical leads to review the completed draft guide themselves and with their communities of practice to ensure appropriate detail for various levels of experience and familiarity with the health care environment. Expect feedback that the draft guide is too detailed and that it is not detailed enough.
- Make edits based on feedback received.
- Provide the draft to specialist clinical lead for review and feedback on changes.
- Initiate a second/final review with referring and consulting clinical leads.
- Seek formal approval of the completed guide.

Recommended steps for implementation are:

- Have communications team upload the Specialist Referral Guides to the preferred site and send a general announcement to all staff, with instructions on how to access the documents (including document links). Rapid access to these resources is essential to support broad uptake by the community of practice.
- Email the announcement directly to all physicians and nurse practitioners.
- Present the guides to clinicians at rounds or team meetings.
- Add an overview of the Specialist Referral Guides to orientation materials for these groups. Include the document links.
- To maintain a brisk momentum and timely completion of the project, keep careful track of time for each of the above steps and encourage individuals to complete the steps they have taken responsibility for.

2. Tests and Treatments Available in Communities

For patients to access services in the most appropriate location and avoid unnecessary travel, practitioners must be aware of what specific tests and treatments can be provided in each local community versus regional hub, or outside of the territory or province. In rural and remote communities, this can be a challenge, especially for locum practitioners and those who are new to a community. To address this, a resource tool has been developed by the project team, in consultation with clinical leads for Primary Care and Laboratory/Diagnostic Imaging Services.

This resource tool has been formatted in an excel spreadsheet (Appendix C) which can easily be applied to a web application. The spreadsheet template includes individual tabs for each health care region, allowing the user easy access to information specific to the community they are working in. The tool is meant to offer a quick reference guide for the more commonly used tests and treatments and is not intended to be an exhaustive list.

Types of tests addressed in the tool are point of care testing, lab work, X-ray, CT scan, MRI, ultrasound, mammography, ECG, and Holter monitoring. Treatments available in the communities are listed as basic suturing and basic casting. The list of tests and treatments can be adapted to meet the needs of one's own jurisdiction.

The tool identifies the site where each test and treatment is available and who can order or perform it. For Lab testing, there is additional information on where specimens can be collected and where they are processed to help practitioners estimate when the result may be available.

Recommended steps for developing Tests and Treatments Available in Communities are:

- Identify leads for community health nursing, physicians, and nurse practitioners.
- Contact leads to provide background information and rationale, and ask for assistance in adapting and populating the Tests and Treatments available in Communities template.
- Provide the draft document to physician leads, primary care managers, community health centre nurses in charge, and clinical nurse educators for review and feedback.
- Make edits based on feedback received.
- Seek formal approval of the completed document.

Recommended steps for implementation are:

- Have your communications team upload the Tests and Treatments Available in Communities document to the preferred site and send a general announcement to all staff, with instructions on how to access the document (including document link). An alternative to posting on a website is to develop a web app that allows the user to access information for a specific community, such as available tests and treatments and other important cultural, demographic, and health system related information.
- Email the announcement directly to all physicians, nurse practitioners, primary care managers, community health centre nurses in charge, and clinical nurse educators.
- Present the tool in this toolkit to the practitioner community at rounds or team meetings.
- Add an overview of the Tests and Treatments Available in Communities document, with links to the document, to orientation materials for physicians, nurse practitioners, and community health nurses.

3. Medical Travel Considerations

In alignment with Choosing Wisely Canada’s objective of promoting health care conversations between patients and providers, the project team has compiled a list of questions to consider before planning medical travel. The questions are meant to encourage and guide conversations during planning for tests and treatments that are not available locally.

“Four Questions to ask your Health Care Provider before Medical Travel” (Appendix D) has been drafted with the intention of creating a poster for waiting rooms and for electronic distribution. However, this has not been implemented due to feedback of a potential risk that community members may misunderstand the strategy as a barrier to accessing services. The poster is available as part of this toolkit for implementation at the user’s discretion.

A sister document, “Medical Travel Considerations” (Appendix E), has been developed as a quick cue to practitioners when planning care prior to medical travel and to assist staff with medical travel coordination. This document offers a quick cue to ensure that practitioners and staff have considered:

- If the required service can be delivered in the local community;
- If the required service is appropriate for virtual care;
- If all appropriate tests, treatments, and/or virtual appointments will be completed prior to medical travel (in accordance with Specialist Referral Guides), and;
- If there are other pending appointments that could potentially occur during the same trip.

The practitioner facing document has been made available as a poster to all primary care facilities and the specialist clinic.

Recommended steps for implementation are:

- Have your communications team upload the Medical Travel Considerations poster to the preferred site and send a general announcement to all staff, with instructions on how to access the poster (including document link).
- Email the announcement directly to all physicians, nurse practitioners, regional managers, and supervisors for staff involved in medical travel coordination.
- Present the poster in this toolkit to the practitioner community at rounds or team meetings.
- Add an overview of the Medical Travel Considerations poster, with link to the document, to orientation materials for physicians, nurse practitioners, and staff involved in medical travel coordination.

4. Innovation Highlights

To encourage health system innovation to reduce unnecessary patient movement for medical tests and treatments, the project team set out to explore and highlight initiatives that bring health care closer to the patients, both within NWT and more broadly. Examples emerged such as Holter monitors being sent to communities instead of patients to larger centers, remote ultrasound, and mobile mammography. This part of the project was not optimally completed due to competing system priorities, but we include it here as we believe this to be an important component of care close to home.

The following recommendations reflect lessons learned:

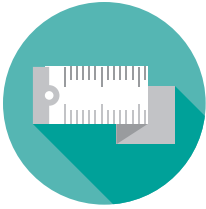
- Health care organizations should have a formal process for encouraging, receiving, and prioritizing quality improvement ideas that recognizes the innovative ideas of front-line health care workers.
- Local quality improvement initiatives can provide valuable information for larger scale implementation.
- Increased collaboration between health care jurisdictions could highlight opportunities for quality improvements not yet considered. One way to achieve this could be an annual meeting to discuss innovations in rural and remote settings throughout Canada.

5. Recommendations for Improving Coordination of Medical Travel

While this project did not focus on strategies for coordinating medical travel, it highlighted the complexity involving numerous health care team members. Planning medical care outside the patient's home community involves multiple parties, at times without coordination, leaving uncertainty in the process and who to contact if something needs to be changed. Information collected has been used to inform further quality improvement activities.

The following recommendations reflect lessons learned:

- A process map is helpful to identify steps and who is involved in medical travel. The patient is central to this process but communication with the patient can be suboptimal. The most responsible person/people for communicating with the patient need to be identified.
- Systems should have coordinators who can access all parts of the medical travel system(s), including appointments in different cities or provinces, to enable coordination of appointments and travel (i.e., travel for an MRI and for a specialist appointment may be booked through different systems, the coordinator should know this and have the ability to coordinate within one trip).
- Navigators and coordinators of medical travel need to focus on the patient experience, with the goal of providing effective access to care along with efficient and culturally safe medical travel. These front-line workers are most able to identify specific areas where there are opportunities to improve coordination of travel.
- It is important to engage key stakeholders involved in managing patient concerns. Themes can be identified and can help to identify priority areas that need to be addressed.



Measuring your performance

At this time, the project team has access to data for one specific component of this toolkit. A quality review of the impact of the NWT Allergy Referral Guide, implemented in November 2020, was completed. Prior Approvals for Allergy Consultations to Alberta specialists were reviewed for compliance with referral criteria, including: 30 consecutive files that were processed prior to the implementation of the NWT Allergy Referral Guide, and 30 consecutive files that were processed after implementation of the NWT Allergy Referral Guide. The review found that the proportion of files that were correctly approved and did not require further information rose from 53% to 80% following implementation of the Allergy Referral Guide. A reduced administrative workload in order to process these referrals was noted, related to less need for denial letters and fewer requests for further information. The quality review concluded that the implementation of the NWT Allergy Referral Guide resulted in more appropriate referrals and cost savings.

Moving forward, the project team intends to monitor performance through collection of the following data sets.

- Primary/outcome measures
 - Number of referrals to Out of Territory/Province specialty service that are correctly approved and do not require further information.
- Process measures
 - Number of times a Specialist Referral Guide is accessed.
- Balancing measures
 - Feedback from staff and community members. This will be through both informal methods and targeted enquiries.



Sustaining early successes

It is essential to have a plan in place to maintain the Specialist Referral Guides and the Tests and Treatments Available in Communities resource tool. A most responsible party for tracking and coordinating review of the toolkit resources process should be identified.

The Specialist Referral Guide template includes a table to track the document review and approval process. Once determined, the target date for next review should be documented here. However, content updates can occur at any time to capture important changes in real time.

The Tests and Treatments Available in Communities resource tool also needs to be kept up to date through communications with the key contributors as changes occur. It is also important to determine a target date for formal review.

In addition to maintaining the documents and tools, it is important to assess if the toolkit information is reaching all who might benefit. For example, in the NWT, locum practitioners and contract staff need to have access to the website where the documents and tools are available. It is also recommended to include the toolkit information in orientation programs for relevant health care professionals.



References

- 1) Advancing Rural Family Medicine: The Canadian Collaborative Taskforce (2017). The Rural Road Map for Action: Directions. From https://srpc.ca/resources/Documents/PDFs/Rural_Road_Map_Directions_ENG.pdf
- 2) Society of Rural Physicians of Canada (2020). Five Things Clinicians and Patients Should Question. From <https://choosingwiselycanada.org/rural-medicine/2006;10:R140>.

Appendix A (Rural Medicine Recommendations)

Rural Medicine

Five Things Clinicians and Patients Should Question
by
Society of Rural Physicians of Canada
Last updated: July 2022



1 Don't send a patient for a specialist visit that requires several hours of transport if the visit can be done virtually or by a local physician.

Due to the location of many rural communities, it is very challenging for rural patients to easily access many specialist physicians who typically practice in more urban centres. Travel away from a community removes patients from their support systems, induces financial burdens and can create safety concerns for patients, especially in the winter months. Telemedicine provides a cost-effective solution to improve access to care closer to home. Thus, if the option is available, and in consultation with the patient, physicians should consider utilizing telemedicine. Another option is to have the out-of-town specialist communicate with the local physician who can provide follow up care. Local physicians should receive explicit detailed instructions as to what issues need to be addressed, and the appropriate time frame for follow-up.

2 Don't send a low risk patient to a distant centre for a screening test (i.e. mammography) if the risk of injury from transportation to the centre is higher than the benefit of the test and if there are other screening options available in the local community (i.e. mobile mammography, mobile ophthalmology, fecal immunochemical test).

In 2018, for every billion kilometers travelled by a motor vehicle in Canada there were 4.9 fatalities and 390 total injuries (including 24.2 serious injuries). The risk of travel in rural communities is greater than urban areas. Despite rural areas accounting for only 18% of the population, 54% of fatal motor vehicle collisions in Canada occur on rural roads. The danger of rural roads has been attributed to multiple factors including greater distances to medical facilities, inclement weather, higher speed limits, animal crossings, poor lighting, and poor maintenance. Screening is important for disease prevention. It is important to weigh the risk of transportation with the benefit of the test, patient specific risk factors and patient preferences. Arranging screening tests when the patient is already visiting the centre for another reason is efficient.

3 Don't transfer a palliative patient to a facility far from their friends and family without considering if their goals of care can be achieved locally.

Advanced care planning is an important part of primary care to establish individual patient's goals of care. This is especially true for rural patients who may need to be transferred to an alternate community for care. Studies have shown that rural patients prefer to die in their home communities. It is important to consider the patient's goals when contemplating sending them away from the community for medical treatment at the end of life. If the patient is transferred to an alternate community, ensure an updated, written advanced directive accompanies them to the receiving community.

4 Don't call in staff for an investigation (i.e. blood test, imaging, operative procedures, etc.) at off-service hours unless it is likely to change management.

Health personnel are valuable resources in rural communities. It is important that provider well-being is balanced with optimal patient care, especially where human resources are limited.

5 Don't transfer a patient by ambulance with skilled personnel if the patient is unlikely to require medical intervention en route.

Health personnel are valuable resources in rural communities. Sending a nurse or physician en route to an urban centre can leave a rural hospital without medical support for significant periods of time. Consider the evidence when deciding whether a patient needs to be accompanied during transport. Consider calling the receiving hospital to mutually agree on the need for skilled personnel during urgent or emergent transport.

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Appendix B - Specialist Referral Guide Template



SPECIALIST REFERRAL GUIDE TEMPLATE	
Title: Click or tap here to enter text.	
Source: Click or tap here to enter text.	
Date Approved: Click or tap to enter a date.	Approved By: Click or tap here to enter text.
Date Reviewed: Click or tap to enter a date.	Reviewed by: Click or tap here to enter text.
Next Review Date: Click or tap to enter a date.	

PURPOSE:

This guide is meant to inform initial investigations and management of conditions commonly referred to specialists and to provide guidance for appropriate and effective specialist referral.

This provides guidance to referring practitioners on how to:

- i. manage initial steps for certain conditions
- ii. ensure appropriate referral to specialists
- iii. ensure appropriate workup is complete before the specialist appointment
- iv. identify what types of conditions are appropriate for virtual assessment
- v. coordinate investigations and consultations for needed medical travel

To navigate directly to the information you need, click on the relevant item in the following table of contents.

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	Reason for Referral: Click or tap here to enter text.	3

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Appendix C - Tests and Treatments Available in Communities Template

Tests/treatments Available in Communities - Health Region #1

Updated: _____

The following is a list of tests and treatments available in each region at the time of this publication. This is meant to offer a quick reference guide for the more commonly used tests and treatments and may not be an exhaustive list.

Point of Care Testing	Name of Test	Site Availability	Who Can Order/Perform?
	COVID ID Now		
	Rapid Strep		
	Syphilis/HIV		
	Urinalysis		
	Urine Pregnancy Test		
	Whole Blood Glucose		
	Whole Blood Hemoglobin		

Labwork	Name of Test	Collection Location	Processing Location	Who Can Order/Perform?
	Aminotransferase			
	Blood Cultures			
	Ca2+, Phos, Albumin			
	CBC			
	Cr/eGFR			
	Electrolytes			
	Ferritin			
	FIT Testing			
	Glucose Fasting/Non Fasting			
	HbA1c			
	HIV Viral Load			
	Hepatitis Panel			
	Lipid Panel			
	NIPT			
	PAP Smear			
	PSA			
	Respiratory Panel			
	Semen Analysis -Post-Vasectomy			
	Serum HCG			
Swab - C & S				
Swab - STI				
Troponin				

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FOUR QUESTIONS

TO ASK YOUR HEALTH CARE PROVIDER BEFORE MEDICAL TRAVEL



1) Can this appointment, test or treatment occur in my own community?



2) If not, can it be provided virtually?



3) If travel is necessary, can I group appointments together in one trip?



4) Are there tests and treatments I need to have done before the medical travel appointment?

MEDICAL TRAVEL CONSIDERATIONS

The following 4 questions should be considered before a patient is referred for service outside of their local community:



1. Can the required service be delivered in the local community?



2. If not, is the required service appropriate for virtual care?



3. Have appropriate tests, treatments, and/or virtual appointments been completed prior to medical travel in accordance with Specialist Referral Guides?



4. If travel is required, is the patient aware of other pending appointments that could possibly occur during the same trip? If so, contact the relevant specialist clinic to request coordination.

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