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### TRANSPORT OF CRITICALLY ILL PATIENTS

We applaud the authors of the article "The impact of transport of critically ill pediatric patients on rural emergency departments in Manitoba"<sup>1</sup> for addressing an important problem facing rural health care: access to specialized care and treatment for critically ill patients and the consequent impact on small rural community staffing. Although the authors focus on pediatric emergency care, this problem is endemic to all delivery of health care services in rural areas.

As the authors suggest in their discussion, one solution involves outreach services, including air and ground transport, from larger referral centres. An example of such a model of ground transport outreach is the High Acuity Response Team (HART) in British Columbia's Interior Health Authority. HART is made up of a critical care transport nurse who has specialty training and equipment and is available 24 hours a day, 7 days a week at each of 4 regional referral centres dispersed across Interior Health, and specialized registered respiratory therapists

who are on call to the program and involved in patient transport when needed. The main goal of the HART program is to keep rural nurses and physicians in their communities, rather than having them leave to transport a patient.

HART is deployed from regional "base" hospitals to attend to acute care patients at rural/remote sites and works to either stabilize patients, so they may remain in their community, or, when necessary, transfer them to a site where they can access more complex care. Inter-facility transport is carried out in partnership with existing provincial emergency services, which coordinate teams and dispatch vehicles to transport HART to the patient and then the patient on to more definitive care.

When HART is not called to transport, team members are expected to integrate into their base hospital (regional referral centre) by fulfilling a supernumerary clinical support role in the emergency department and intensive care unit under the direction of the hospital's operation manager or site supervisor.

Evaluation of the HART program has shown broad and consistent appreciation by smaller

satellite hospitals for the transport services provided.

Beyond the logistics of transport and maintaining adequate staffing, however, we need to respect and support the capacity of small rural emergency departments. This involves recognizing the scope of care that can be provided, with adequate resources and support, in small hospitals. It involves a shift in our thinking from a default position of moving the patient from a small hospital to a larger hospital, to recognizing that some patients can be managed effectively in a small hospital, with the right kind of support. This may involve telehealth linkage and endorsing an expanded scope of practice for rural generalists (i.e., through support for family physicians with enhanced surgical and anesthetic skills), all within effective networks of care.

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### REFERENCE

1. Hansen G, Beer DL, Vallance JK. The impact of transport of critically ill pediatric patients on rural emergency departments in Manitoba. *Can J Rural Med* 2017;22:8-12.