

Real-Time Virtual Support peer pathways

Peace of Mind for Rural Healthcare
PRA Presentation - Updated April 2025



**Real-Time
Virtual Support**

We would like to express our respect and gratitude for the First Nations whose land we are calling in from.



**Real-Time
Virtual Support**

RTVS team members



Dave Harris



Dr. Brydon Blacklaws



Dr. Matt Petrie

Rural medicine looks different



St. Paul's Hospital, Vancouver

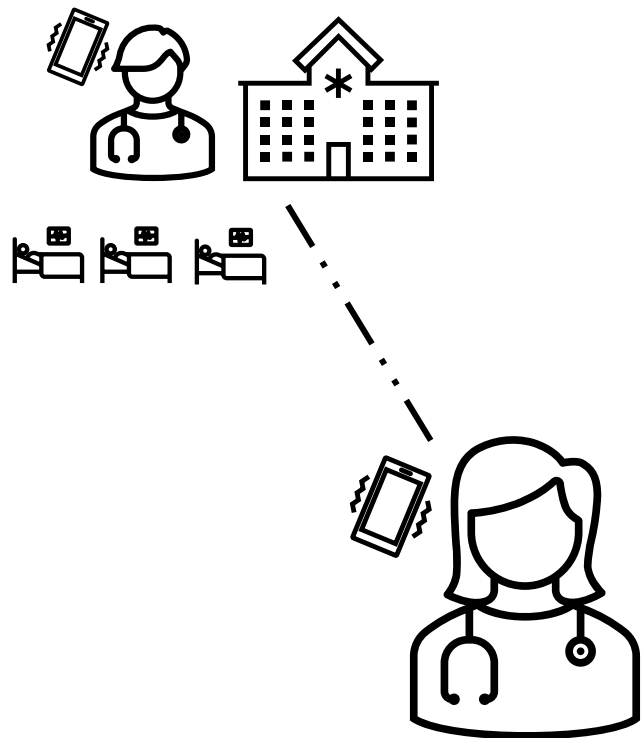


Takla Landing, BC

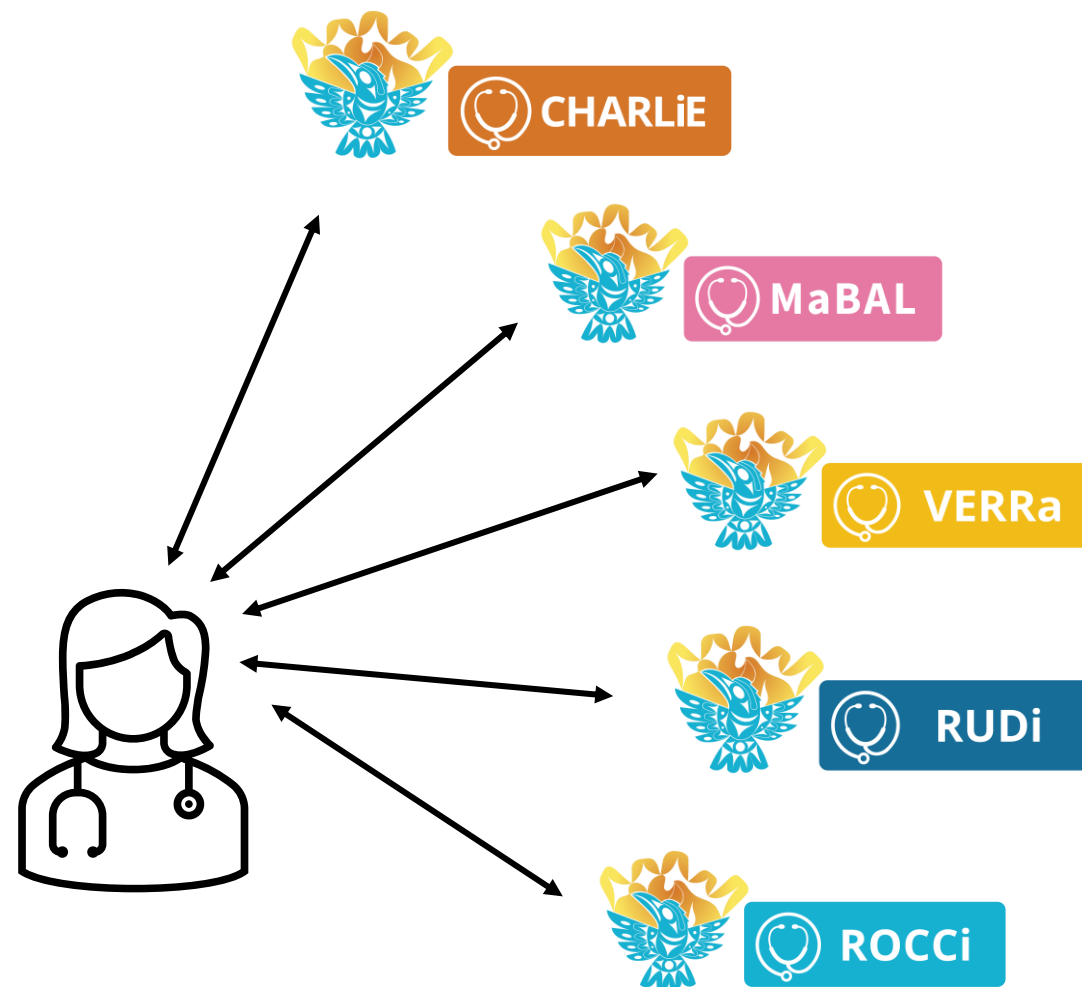


Takla Landing Health Centre, Takla Landing, BC

Then vs now

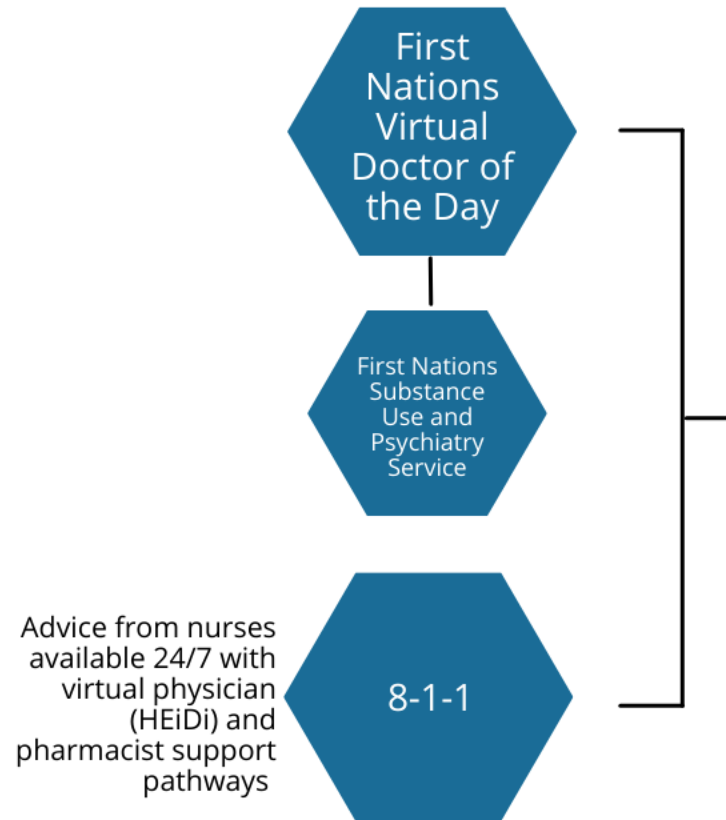


VS



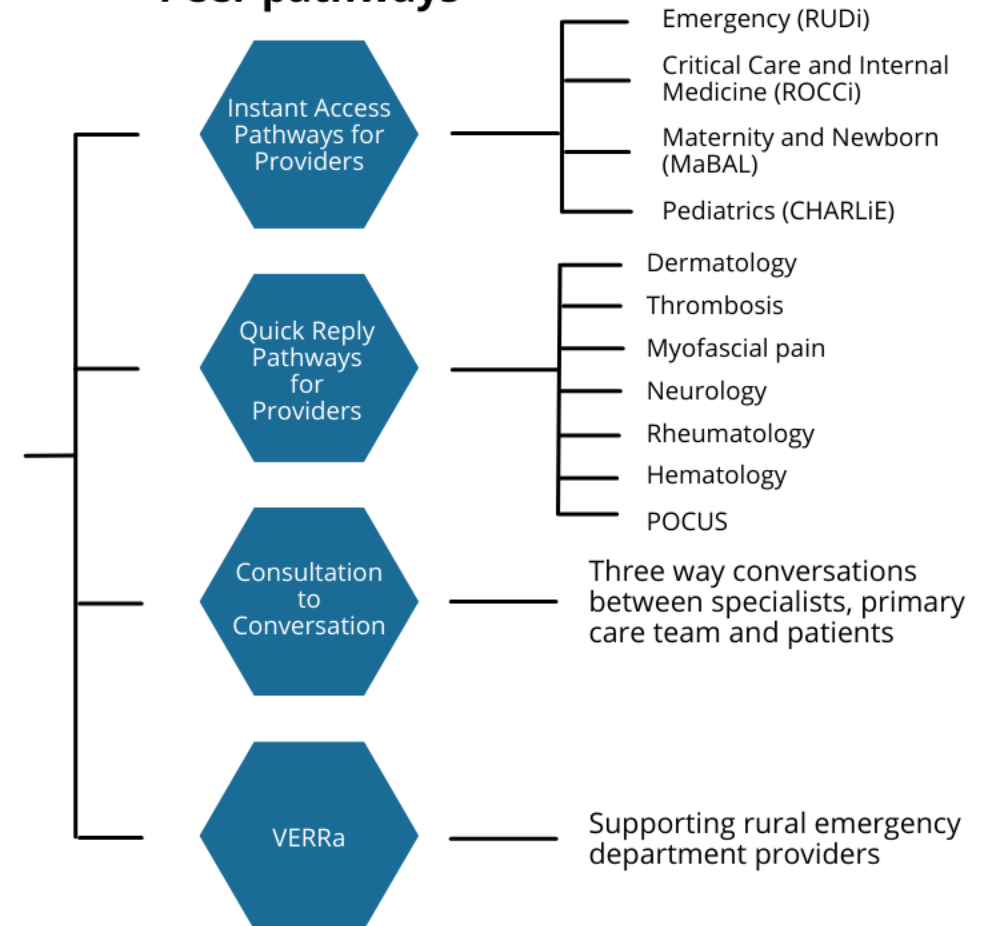
RTVS Overview

Patient-facing pathways



Rural, Remote and Indigenous Communities

Peer pathways

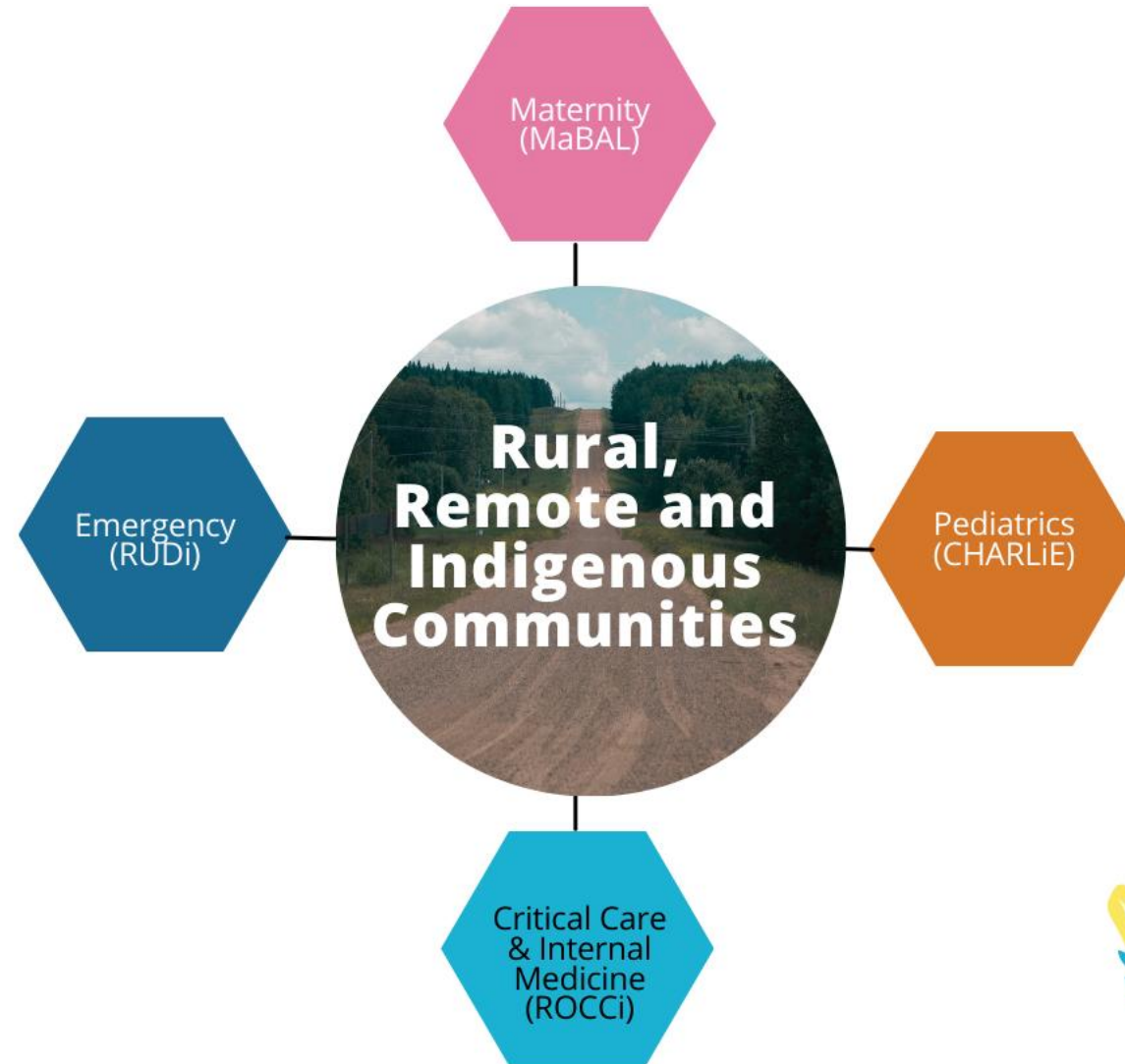


Policymakers, health administrators, health professionals, academics, community members and linked sectors



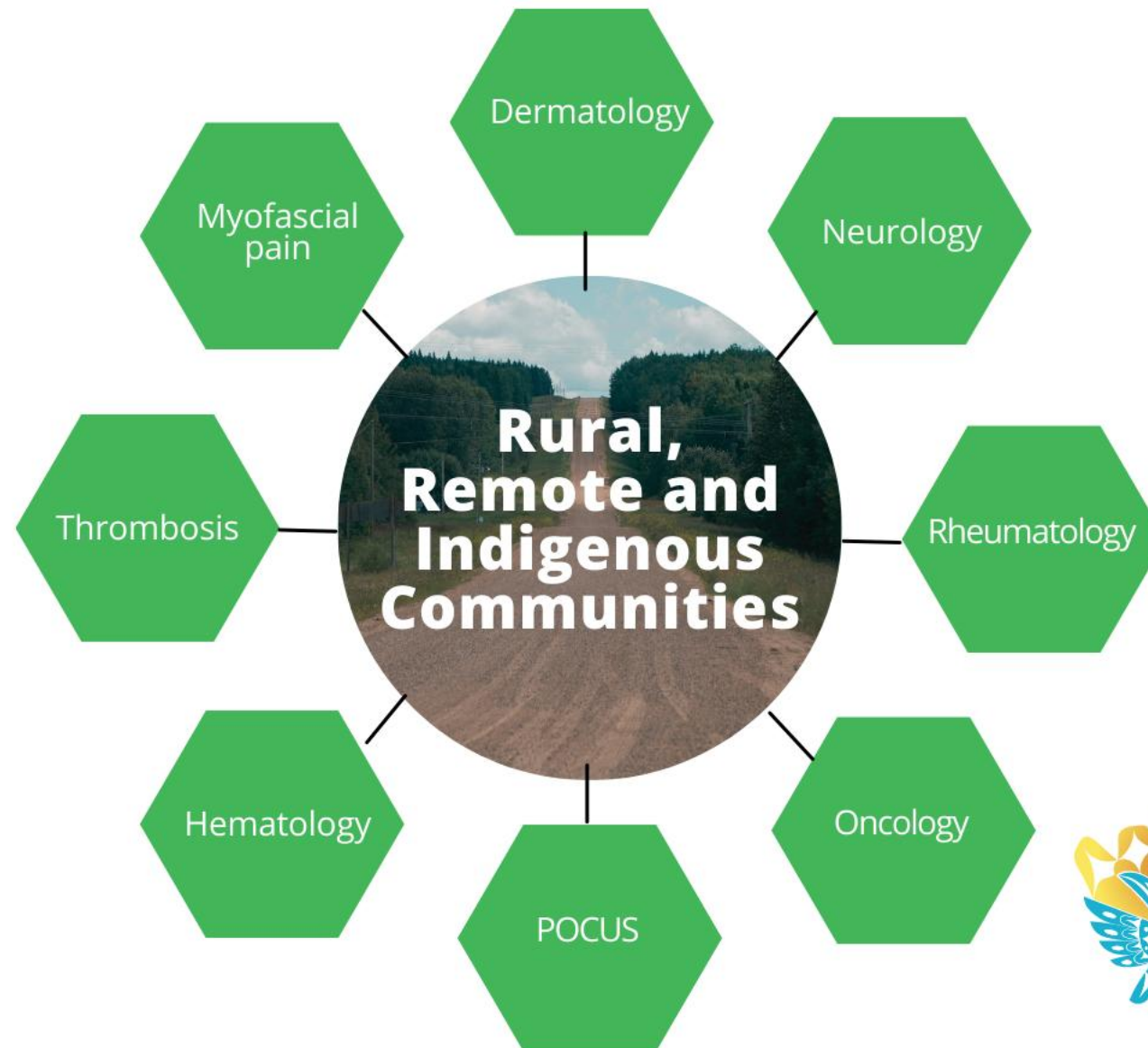
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RTVS Instant Access Provider Pathways



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RTVS Quick Reply Provider Pathways



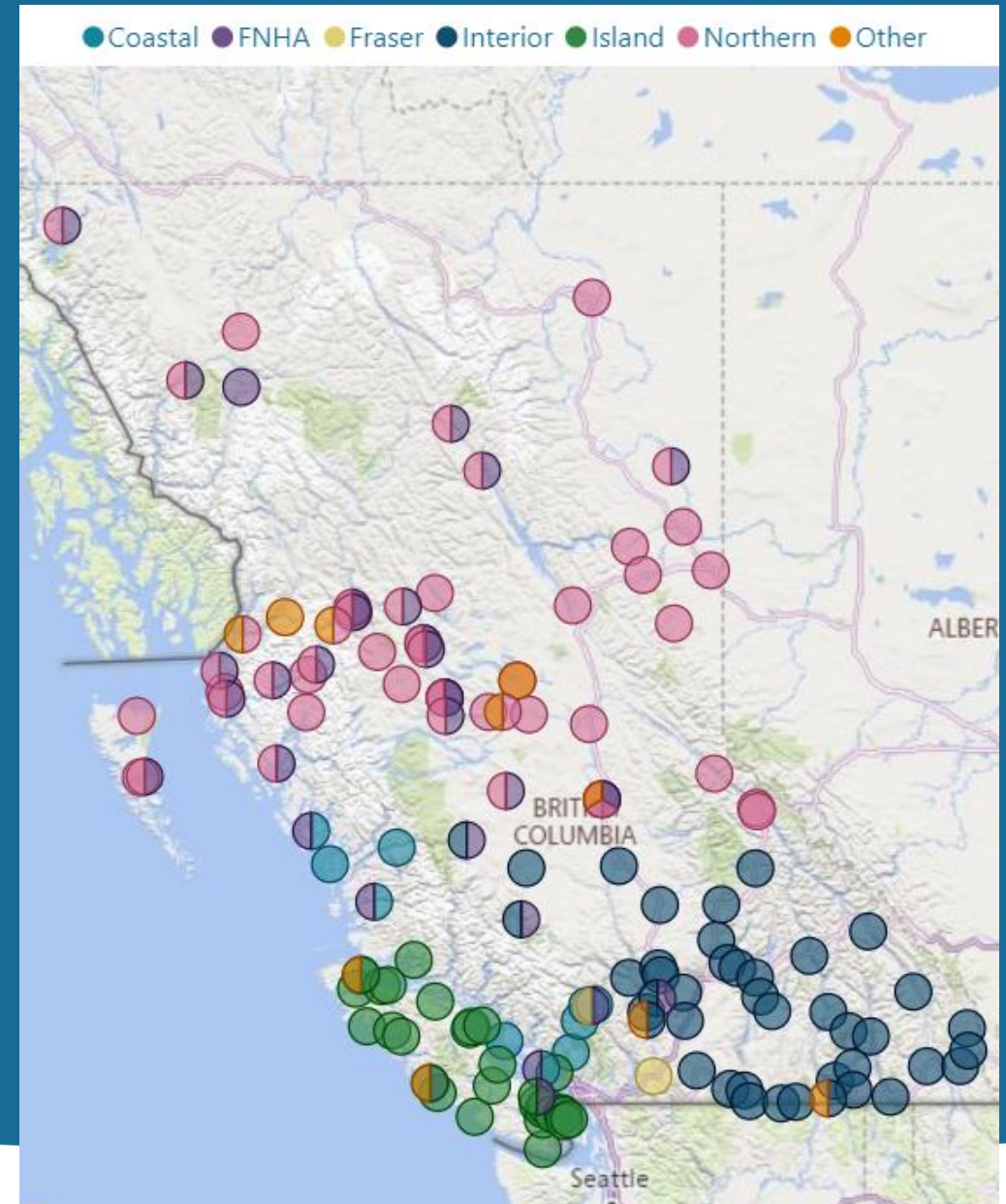
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Support across province

- 152 unique communities served
- 72% of calls originate from Northern BC
- 8 out of 10 sites with the highest utilization are First Nation communities
- Peer-to-peer pathways received an average of 66 calls daily over the last 30 days
- 66% of peer-to-peer calls come from staff in Nursing Station
- Over 250 Virtual Physicians across all pathways, 60 for peer-to-peer support



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RTVS Tech Demo



RTVS Simulations

CME certified, multi-modal program to help healthcare professional integrate RTVS into their clinical practice through simulations. This program is provided at no cost to participants, is available for all rural community and residency sites in British Columbia. Sample cases include:

- Pediatric head trauma
- Diabetic ketoacidosis
- Hip fracture
- Pneumosepsis



RESIDENCY SITE SIM FEEDBACK

"I've always been interested in rural practice, but I think there's always that fear of not being ready and worry that you're not going to be supported and that, you know, if you are stuck with a case that's maybe over your head, you're just going to be alone and hung out to dry versus, I think, with knowing that RTVS is a resource, I think, has made me feel more confident about the possibility of entering rural practice as a new grad. It has made me feel more comfortable and excited at the possibility of locuming or working in rural places in BC."



UBC CPD
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CONTINUING
PROFESSIONAL
DEVELOPMENT



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Peer pathway case studies

What impact has RTVS support for rural providers had?

“It’s a game changer. I don’t know that I would be doing rural ED work without it. It makes me sleep at night knowing there is someone on the other end of a phone who can support me in a non-judgmental way. So much of the difficulty of rural ED is the isolation. For the cases I am unsure of, that don’t fit into life-threatening or a simple discharge, the opportunity to speak with a friendly, helpful doctor is really valuable. This service is the only dependable way I have for these conversations.”

—Rural physician



Case study 1: Family arrives into ER with baby in cardiac arrest

“Within 10 minutes of arrival to the ER, I was able to connect with one of the pediatricians through CHARLIE. I was able to put him up on the screen. You just had to be there to see the calm that came into the room when his face showed up on the screen. He then graciously and supportively guided us through the resuscitation of the babe until the patient was stable.”

—Rural ER physician



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Case study 2: Young teenager critically injured in head-on collision arrives into rural clinic more than one hour's flight from nearest hospital.

"That could have been a very traumatizing case for me to have right out of Residency and I don't think I would be feeling as comfortable and excited to go back up North if I didn't have RUDi helping me through it."

—New rural locum physician



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Questions?

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