Provincial Health Services Authority - Red Cross Outpost Hospitals

2002/03 Budget Management Plan ($millions)

	Total
2001/02 Projected Expenditures	2.20
2001/02 Projected "Structural" Surplus/Deficit before restructuring and 1-time costs	(0.82)
1-time costs	-
Restructuring Costs Recognized in 2001/02	-
2001/02 Revised Projection	(0.82)

(note: Do not include MOHS's proposed funding to cover this years deficit)

	2002/03		2003/04		2004/05	
	$	FTE's	$	FTE's	$	FTE's
Projected Surplus / (Deficit) Prior to Management Reduction Strategies	(0.50)		(0.08)		(0.08)	
	-					
Management Reduction Strategies:	-					
	-					
Revenue Generation	-					
1. Additional funding from MoHS	-	-	-	-	-	-
2. Life support - drugs	-					
3. Patient Charges	-					
4. Other	-					
General Efficiencies (non-clinical)	-					
1. Exec/Admin (CEO, direct reports, exec)	-					
2. Shared Services	-					
3. Outsourcing	-					
4. Business Systems	-					
5. Workplace Initiatives	-		0.08		0.08	
Best Practices (clinical)	-					
1. Alternatives to Care	-					
2. Clinical Efficiencies	-					
3. Environmental & Protection	-					
4. Bed Consolidations (no access reduction)	-					
	-					
	-					
Program Adjustments/Closures	-					
1. Bed Reductions						
2. Facility/bed conversions						
3. Facility Closures						
4. Program Consolidation	-					
5. Program Reduction	-					
6. Selected Programs	-					
7. Selected Sites	-					
	-					
Total Management Reduction Strategies	-	-	0.08	-	0.08	-
Strategies as a % of 2001/02 Expenditures	-		0.04		0.04	
Revised Projection Surplus (Deficit)	(0.50)		-		-	

Canadian
Red Cross

Across the World
Across the Street

Budget Management Plan 2002 – 2003

Outpost Hospitals

Date: March 1, 2002

Authored By:

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1.0 Business Concept and Mission Statement

The mandate of the Outpost Hospital Program is to provide health care for residents of isolated communities in British Columbia. That mandate is consistent with the overall vision of the Canadian Red Cross as part of the International Red Cross and Red Crescent Movement "to improve the lives of vulnerable people by mobilizing the power of humanity". Toward that vision the Canadian Red Cross Society has the mission to help people deal with situations that threaten: their survival and safety, their security and well-being, and their human dignity, in Canada and around the world. As such the mandate of the *Outpost Hospital Program is to provide a service to people and communities in British Columbia that are under served by medical and health care services.*

Currently the Canadian Red Cross is working with and reporting to the PHSA (Provincial Health Services Authority Region #6). The Outpost Hospital Program is responsible for providing health care services to the six communities and surrounding districts in three of the six Health Authorities:

1. Vancouver Coastal Health Authority with Bamfield and Kyuquot on the west coast of Vancouver Island, (2)
2. Interior Health Authority with Alexis Creek in the Cariboo Mountain area, Blue River in the High Country area, and Edgewood in the Kootenay Country area, (3)
3. Northern Health Authority with Atlin in the North by the Northwest Coast Mountain area. In each of these settings the Red Cross operates an Outpost Hospital staffed by one or two Registered Nurses.

The demographics of each region varies markedly. The population of some communities is primarily First Nations people while that of other communities is primarily non-native. Most communities have a population mix of First Nations and non-native people.

Current public need for low cost and effective health care programming has served to create new public demand for the type of services offered by the Red Cross Outpost Hospital program. The need for multi-service health care centres is being recognized in both densely populated areas of the Province and remote locations, as the Community Health Care Centre concept gains recognition.

The Red Cross is willing to partner with new communities for the purpose of investigating opportunities to provide our specialized set of health care services for which Red Cross have become renowned.

2.0 Description of Operations

Outpost Hospital Registered Nurses provide a complex set of highly skilled services that include the following:

(i) routine acute care medical and nursing services to outpatients,

(ii) a wide range of emergency and trauma care, including emergency care of mothers during labour and childbirth,

(iii) twenty-four hour "on-call" services including weekend and statutory holidays,

(iv) attending the scenes of industrial and transportation accidents,

(v) a wide range of one-on-one as well as group level public health services including monitoring of well babies and children, traveler immunizations, and educational services,

(vi) immunization and screening care to school-aged children,

(vii) monitoring of residents with chronic illnesses,

(viii) monitoring of elderly patients,

(ix) home care visitations,

(x) in-patient care while patients await transfer to larger hospital settings,

(xi) patient advocacy services between patients and medical centres and specialists,

(xii) Palliative care for hospital in-patients who wish to return to their community of origin to die in their own home.

An important aspect of the Outpost Hospital business plan involves the hiring of competent nursing professionals, who strive to maintain their competencies through continuing education, and provide support in such a way as to foster personal and professional responsibility for quality community health care services in the local community. As a result, the nurses tend to develop close personal and professional bonds with the communities. In four of the six Outpost Hospital communities, the Nurses have lived and worked there in excess of seventeen years. This bond between community and Nurse bears testimony to the degree to which the communities themselves assume ownership and responsibility for "their" Red Cross Outpost Hospitals and Nurses.

The Red Cross Outpost Hospitals in each Health Authority contribute to the quality of service as outlined by the Ministry of Health Services Guidelines February 2002 and assists the authority in meeting their commitments under the guidelines.

1. Accessibility – that care is provided in the right place, at the right time
2. Safety – Nurses with expanded role/skills provide emergency "on-call service" 24- hours per day 7 days per week to deliver relevant service
3. Sustainability and Appropriateness - strong linkages exist between communities, the Outpost Hospitals and their receiving hospitals. Sustainability requires developing and maintaining relationships with the respective Health Authorities.

A major strength of the Red Cross Outpost Hospital program is that the services are readily tailored to meet the needs of the community. As stated, the rendering of services is not based upon ethnic or racial background. Most residents require the same sets of health care services regardless of race. The residents of one Outpost Hospital community are 85% First Nations people while the residents of another are nearly 100% non-native. Yet the services remain the same.

3.0 Morbidity and Mortality Rates

Birth-related morbidity and mortality rates for the six Outpost Hospital Health Regions, presented in Table 1, demonstrate a need for more public health programming. The variables presented reflect the existence and effectiveness of various types of health promotion and disease prevention initiatives that have been implemented within the Health Regions. As is evident from the data, several of the trends in some regions are clearly in a negative direction. For example, the prevalence of teen-aged mothers has increased markedly in four of the six Health Areas whereas in the province as a whole, the rate of teen-aged mothers has decreased.

Table 1: Birth-Related Morbidity & Mortality Rates in the Six Outpost Hospital Health Regions (per 1000)

	Health Area	Still Birth Rate		Low Birth Weight		Teen Mothers		Infant Mortality		Perinatal Mortality	
		1987	1999	1987	1999	1987	1999	1987	1999	1987	1999
2	West Kootenay - Boundary	5.03	**5.86**	46.72	**48.60**	49.24	**53.02**	6.31	1.47	6.28	5.86
5	Thompson	10.	6.49	44.65	**44.90**	76.45	66.12	6.77	3.27	11.39	8.11
6	Central Vancouver Is.	7.2	6.40	56.82	43.74	52.67	**85.17**	8.46	2.76	10.84	7.32
7	Upper Island Central Coast	13	6.72	58.87	49.92	46.64	**88.83**	6.12	**9.31**	17.35	12.61
8	Cariboo	7.25	**8.06**	69.34	47.56	98.54	**106.73**	13.69	4.64	15.40	10.36
9	Northwest	7.	**7.89**	41.72	**47.70**	108.47	88.34	9.63	2.65	10.83	10.52
	B.C.	7.11	6.99	50.79	47.72	52.67	47.17	8.46	3.79	10.84	8.99

*** **Bold print** indicates an increased rate from 1987 to 1999.

Mortality data, although not directly related to the health of a population group, nevertheless are indicative of the illness conditions experienced by the residents in a region. A selection of 12 causes of death is presented in Table 2. In one Outpost Hospital Health area the rates deteriorated for seven of the twelve causes of death. In the other five areas, the death rates deteriorated for four to six of the disease and illness conditions.

The years of Life Expectancy for residents of British Columbia according to geographic areas are presented in Table 3. As indicated by the data, life expectancy for residents living in the rural areas, including the six Outpost Hospital areas, has lagged behind the average number of years for the Province as a whole. Life expectancy in North America has been increasing throughout the last century primarily as a result of salvage of life during infancy and early childhood. As Table 1 demonstrates, the birth-related morbidity and mortality data expose the relatively poor infant and child health outcomes in those areas. The logical conclusion therefore, would be that life expectancy is lower in those same regions. In order to improve life expectancy, standards of infant and child care must be improved. The data in Tables 1,2 and 3 demonstrate the critical need for further health care programming in these six areas.

3.0 Current Operation

Last year 8 patients were in the Outpost longer than 6 hours and a total of 60 were admitted due to the severity of their condition.

- In total Emergency outpatients numbered 1,437
- Non-emergency outpatients:10,375
- Emergency home visits (i.e. an epileptic patient in status) accounted for 180 clients
- Non-emergency home visits were 210 with 45% of those visits occurred in Bamfield

The total clients served for 2001- 2001 was 12,262.

Table 2: Selected Age Standardized Mortality Rates by Area per 10,000 Population														
Health Area Name	West Kootenay Boundary		Thompson		Central Vancouver Island		Upper Is Central Coast		Cariboo		Northwest		BC	
Health Area Number	2		5		6		7		8		9			
	1987	1999	1987	1999	1987	1999	1987	1999	1987	1999	1987	1999	1987	1999
Infectious/ Parasitic	0.26	**0.58**	0.81	**1.34**	0.44	**0.82**	0.34	**1.10**	0.23	**0.38**	0.73	**0.77**	0.63	**0.97**
Cancer (All cancers)	17.99	17.63	17.15	16.69	18.80	16.64	19.67	16.74	19.26	16.56	22.53	18.42	17.33	16.40
Diabetes	1.86	1.38	1.78	**1.82**	0.86	**1.17**	0.79	**1.97**	0.45	**1.48**	0.73	**1.58**	1.13	**1.27**
Circulatory Ischemic heart, cv/stroke	30.72	19.53	28.41	21.40	30.31	21.94	28.00	22.19	26.15	24.89	35.05	25.71	28.11	20.46
Respiratory Pneumonia Flu CPD, Asthma	4.98	4.35	8.59	**9.08**	5.05	**6.72**	4.55	**5.86**	7.95	**8.32**	8.21	9.77	6.09	**6.33**
Chronic Liver/ Cirrhosis	0.72	0.25	1.31	0.76	0.72	0.68	0.69	**1.22**	0.98	0.42	0.15	**0.34**	0.83	0.57
Perinatal	0.17	—	0.38	0.11	0.68	0.20	0.41	**0.67**	0.83	0.16	0.38	0.25	0.46	0.27
Ex Causes: MVTA	2.34	2.25	3.74	2.10	2.29	0.98	2.01	0.62	2.12	1.48	2.51	1.08	1.80	0.93
Ex Causes: Poison	0.45	**0.52**	0.18	**0.89**	0.49	**0.69**	0.48	**0.73**	0.16	**0.76**	0.22	**0.29**	0.35	**0.85**
Ex Causes: Falls	0.94	**1.15**	1.37	1.03	1.13	0.79	0.72	**0.81**	1.46	**1.49**	1.20	0.09	0.92	0.76
Ex Causes: Suicide	1.58	1.39	1.47	0.99	1.37	1.36	2.78	1.21	1.72	**1.77**	0.88	**1.93**	1.38	1.10
Ex Causes: Homicide	0.13	0.21	0.17	**0.42**	0.24	0.14	0.11	0.07	0.14	0.10	0.64	—	0.25	0.18

Bold print indicates an increased rate from 1987 to 1999

Table 3: Estimates of Expectation of Life at Birth

by Provincial Area Compared to BC Average

		Life Expectancy at Age 0		
		1987-1991	1992-1996	1996-2000
1	East Kootenay	78.73	79.08	79.82
2	**West Kootenay-Boundary**	**77.91**	**77.54**	**78.57**
3	North Okanagan	78.06	78.35	79.16
4	South Okanagan Simil-kameen	78.98	79.74	80.60
5	**Thompson**	**76.84**	**77.02**	**77.79**
6	**Central Vancouver Island**	**77.08**	**77.89**	**78.99**
7	**Upper Island/Central Coast**	**77.05**	**77.57**	**78.57**
8	**Cariboo**	**75.09**	**77.33**	**77.28**
9	**North West**	**75.41**	**77.11**	**77.64**
10	Peace Liard	76.49	77.08	78.40
11	Northern Interior	74.84	76.47	77.24
12	Vancouver	77.22	77.57	79.01
13	North Shore	79.23	80.25	81.26
14	Richmond	79.39	81.25	81.51
15	Capital	78.90	79.28	80.16
0	**British Columbia**	**77.98**	**78.62**	**79.54**

The Red Cross is now prepared to consider the possibility of expanding its services, both operational services and the construction of new facilities, if need be. The Red Cross has been approached by 2 areas to provide health services and is currently in discussion with the community of Zeballos.

4.0 Budget Analysis

The difficulty in expanding the current services results from the same issue as maintaining the current 6 Outpost Hospitals: the current Provincial allocation does not meet the demands of the program, specifically the salary demands. The Outpost Hospitals are not unionized and two years ago the salaries were $ 2.00 above the union agreement. The salaries are now $ 5.61 below the BCNU. In the North, OPH nurses have salaries $10 above their current wage plus a $25,000 signing bonus provided in quarterly installments over 2 years.

At present, the Red Cross is lagging far behind the other employers. Prior to 1999, the Red Cross did not pay standby, call-back, and overtime. Following a labour relations complaint, Red Cross agreed to pay these costs. The current financial position is a result of a decision to pay standby, call-back, and overtime without any increase in base funding. This situation cannot continue under the Ministry of Health funding guidelines for 2003-04. The current annual operating deficit is $ 470,915. Any deficit occurring in 2002-03 must be absorbed in 2003-04. If substantial funding is not found in the immediate future, closure of one or more outposts will become necessary. If the nurses, salaries are not increased to BCNU levels, then the deficit is reduced to $ 351,190. The only way to balance the budget will be to eliminate evening and weekend call, or close one Outpost. Closing one outpost reduces the deficit to $46,720. However, closure and layoff costs would reach approximately $200,000. Increasing fees for prescriptions by $10 would provide $8,640, decreasing the deficit to $38,080. The deficit could be recovered by eliminating consultants and/or reducing operating hours to achieve a balanced budget.

The current budget includes a $25,000 increase for a data entry clerk to enter data for 12,000 clients into NACRS, the ambulatory care data base that accompanies CIHI guidelines.

6.0 PROJECTED BUDGET 02/03	
With BCNU Salary	
REVENUE	
Individual donations	
Corporate donations	
Donations In-kind	
Bequests (under $1,000)	
Fed. Gov. Grants	
Prov. Gov. Grants	957280
Salary annual increase	54000
Regional Contracts	
Upper Island	900
North West	4000
Vancouver Island	1656
Nuu-chah-nulth	25000
Taaku River	10010
Alternative Payments	340116
Municipal Gov. Grants	
Com. Health Grants	
Foundations/Trusts	
Fees	78665
Spec. Event Fundraising	4000
Leadership Training	
Leadership Materials	
Sales Revenue	
Raffle Revenue	
Miscellaneous	
TOTAL REVENUE	1475627
SALARIES/BENEFITS	1315561
Red Cross Admin Fees	110000

6.0 EXPENSES	
Staff Development	50,000
Awards/Vounteer Recognition	440
Office Supplies	4928
Photocopying	1345
Telephone/Fax	16000
Pager/Cell	511
Postage	1637
Courier/Freight	6049
Books/Journals	6000
Equipment Purchase	20000
Computer Purchase	
Donations In-kind	
Med. Equip. Purchase	20000
Building Renovations	10000
Equip. Maintenance	20000
Lease Expenses	16920
Office Equip. Contracts	1458
External Printing	3000
Consultant Fees	36000
Advertising	1000
Other Purchased Serv.	20000
Rent	
Rent recovery	-6000
Cleaning Sup./Janitorial	3822
Electricity/Water	55302
Maint. of Bdg/Grounds	60000
Refuse Removal	400
Travel/Accom.	8062
Travel/Airfare/Bus	23795
Travel/Meals & Misc.	43000
Meetings/Food costs	2000
Meetings/Rentals	11000
Vehicle Costs	5000
Promo Materials	500
Drugs	30812
Medical Supplies	14000
GST	34000
TOTAL EXPENSES	**520,981**
Salaries & Admin Fees	**1425561**
Deficit	**- 470,915**

7.0 PROJECTED BUDGET 02/03	
Without BCNU Salary	
REVENUE	
Individual donations	
Corporate donations	
Donations In-kind	
Bequests (under $1,000)	
Fed. Gov. Grants	
Prov. Gov. Grants	957280
Salary annual Increase	54000
Regional Contracts	
Upper Island	900
North West	4000
Vancouver Island	1656
Nuu-chah-nulth	25000
Taaku River	10010
Alternative Payments	340116
Municipal Gov. Grants	
Com. Health Grants	
Foundations/Trusts	
Fees	78665
Spec. Event Fundraising	4000
Leadership Training	
Leadership Materials	
Sales Revenue	
Raffle Revenue	
Miscellaneous	
TOTAL REVENUE	**1475627**
SALARIES/BENEFITS	**1195836**
Red Cross Admin Fees	**110000**

7.0 EXPENSES	
Staff Development	50,000
Awards/Vounteer Recognition	440
Office Supplies	4928
Photocopying	1345
Telephone/Fax	16000
Pager/Cell	511
Postage	1637
Courier/Freight	6049
Books/Journals	6000
Equipment Purchase	20000
Computer Purchase	
Donations In-kind	
Med. Equip. Purchase	20000
Building Renovations	10000
Equip. Maintenance	20000
Lease Expenses	16920
Office Equip. Contracts	1458
External Printing	3000
Consultant Fees	36000
Advertising	1000
Other Purchased Serv.	20000
Rent	
Rent recovery	-6000
Cleaning Sup./Janitorial	3822
Electricity/Water	55302
Maint. of Building/Grounds	60000
Refuse Removal	400
Travel/Accom.	8062
Travel/Airfare/Bus	23795
Travel/Meals & Misc.	43000
Meetings/Food costs	2000
Meetings/Rentals	11000
Vehicle Costs	5000
Promo Materials	500
Drugs	30812
Medical Supplies	14000
GST	34000
TOTAL EXPENSES	**520,981**
Salaries & Admin Fees	**1305836**
Deficit	**- 351,190**

8.0 Cost Per Health Authority based on Salary Consumed		
Health Authorities	With BCNU $ 470,915	Without BCNU $ 351,190
Northern - 22%	$ 103,600	$ 77,262
Interior - 50%	$ 235,457	$ 175,595
Vancouver Costal - 28%	$ 131,856	$ 98,333

The Red Cross Outpost Hospitals Program requires financial support from the three Health Authorities where Outpost Hospitals are located. Red Cross is requesting that each Health Authority commit to base funding according to service provided as detailed in the table above. Northern Health Authority accounts for 22% of the OPH budget or $ 103,600 annual commitment. Interior Health Authority receives 50% of the OPH service for an annual commitment of $ 235,457, while Vancouver Coastal receives 28% of the OPH service requiring an annual commitment of $131.856 to stabilize our base funding thus insuring continued service.

9.0 What we do WELL

The Outpost literally provides the only medical service in the community, and provides the service 24 hours a day, seven days a week. Everything from sore throats and colds, to pneumonia and pyelonephritis, lacerations and broken bones, to CVA's and MI's are dealt with through the Outpost. Assessments, diagnoses and treatments for most conditions are dealt with: sutures, antibiotics, dislocations, differentiating breaks from sprains, and a myriad of other treatments are presented at the Outpost. And, when it is beyond the scope of the Outpost Nurse, assessment, stabilization and organizing the transport out to the nearest appropriate hospital becomes the role of the RN. Sometimes this takes 12 - 15 hours or more, depending on nightfall and weather! Since most medical evacuations occur by helicopter, the cost savings of avoiding even one medi-vac is substantial.

Outpost Nurses continually go above and beyond the call of dutyin their communities. In a coastal setting, they have been known to go offshore with the local Coast Guard Auxiliary, sometimes in storms, to help bring in a stranded vessel with sick or injured crew.

Last summer, an elderly couple were circumnavigating Vancouver Island, and the wife suffered a cerebral hemorrhage from an aneurysm. The husband (who was in his 80's), was unable to bring in the sailboat on his own, likely due to a combination of fear and the agony of watching his wife laying motionless in the cockpit and his lack of knowledge as to his exact location and the dangerous rocks and reefs in the area. Coast Guard Auxiliary crew went out, in storm force winds and ten foot seas, along with the OPH RN. After locating the vessel, the RN and one crew scrambled aboard (yes, while the boats were tossing around in the large seas, and at risk to their own lives and falling overboard), and brought in the vessel and transferred the care of the sick woman to Air Ambulance at the Red Cross float. The RN not only provided medical service, but also acted as a vehicle of communication between Air Ambulance and the Coast Guard.

Tourists kayaking the surrounding area as well as commercial and sport fishermen have often been treated locally, or assessed and transferred out if injuries are beyond the scope of care of the OPH RN.

As with many coastal communities, the days of calm and peace are so enjoyed in part due to their scarcity, and the ferocity of other weather. Hurricane and gale force winds, rain which falls sideways, and fog so thick you can cut it with a knife are a part of life. They directly challenge one's life skills and ability to cope. They also add to the general isolation and challenges of life where there is no road access, no hydro grid, no 911, no ambulance, and no doctor except for a few hours on "Doctor Day".

Planes and boats can lie grounded for hours to days, while a storm blasts through. Or fog will close in on the area, so that sometimes even the seasoned mariners who know the area are reluctant to venture up the Inlet. Mail arrives 3 days a week if and when the weather suits.

The next nearest medical facility is three and a half to four hours to reach, largely on twisting, winding gravel logging roads. Air traffic simply does not come until daylight, medical emergency or not. Either way, the patient is many hours from ANY medical assistance except for that provided by the Red Cross Outpost.

Ambulance service and 911 is simply not a reality. The community emergency number is the local Red Cross Outpost. Members of the Community know that they will get their call answered and dealt with, any time of the day or night, any day of the week.

When visitors call 911 because they don't know what to do, 911 often calls the Outpost to ask what is happening and what the Outpost Nurse wants done!!

This reliance on the Red Cross Outpost Nurse is as illustrated on the night the new teacher fell down a bank in the dark and suffered a nasty laceration to his skull, badly sprained his wrist and dislocated a couple of fingers. After literally crawling back up the bank and to the school, he called 911 since that was the only number he could find. The 911 dispatch then called the OPH, to inform them of the situation and ask for advice as to what they should do. After some sleuthing, the RN, who knew the community, was able to locate the teacher, stitch up the head laceration, assess the wrist and diagnose it as a sprain, ensure the fingers were relocated, and send the teacher home with some ice and analgesic. Without the OPH Nurse, it would have been a very uncomfortable night for the teacher, and would likely have meant a helicopter evacuation at first light. Instead, basic medical treatment was provided in a more timely and appropriate fashion by the availability of the Red Cross Nurse in the community.

10.0 Red Cross makes a difference - Our Successes

One community had two cases of botulism in adult women last summer. They were staying at a local fish camp, which was approximately 45 minutes away by air. Without IV therapy and assisted respirations, this lady may not have lived long enough to obtain medical therapy. Botulism can be a fatal illness.

A nurse was called to see a patient at a cabin on a northern B.C. River. Apparently, the adult, male patient had been bleeding profusely and was unable to stand up. The Nurse was flown into the cabin and had to start an IV on the patient, before they could even attempt to get him out of the cabin. Had there not been a nurse in the community, the patient would have had to wait until a helicopter could be flown in with a life-threatening delay of several hours.

Recent delivery of a healthy, premature newborn baby at an Outpost Hospital was a positive experience for the family. Had the Outpost Hospital not been here, the baby's mother and father would have ended up delivering the baby in a crew cab truck, on an icy road in the early hours of the morning (5:30 am) a very unsafe delivery situation. Three babies were born in Outpost Hospitals in the current year.

Cardiac patients are seen at all the Outpost Hospitals. Many have significant amounts of pain and require medical treatment such as intravenous therapy and morphine. Appropriate medical treatment is available only because OPH's are located in rural and remote regions.

Outpost Hospital Nurses attend to a number of after hours and weekend emergencies. Some examples include asthma attacks, which cannot wait for medical treatment that is two hours away. All the Outpost Hospitals are 11/2 to 4 hours from the nearest larger center.

Retired people report choosing to live in communities because the Red Cross Outpost is available compared to communities without a healthcare facility. People say that having the Outpost there and the nurses decreases their anxiety around living in a rural/isolated community. Many clients with chronic illnesses require regular medication dispensing, advocacy and support with health challenges. Support is provided because Outpost nurses are in the community.

Bamfield built a new facility this year that is located on the road, the old facility was only accessible by boat About 70% of the services provided at the hospital are to clients on road access. The school and community hall are located along the road. Future development is expected to occur near the main road.

In Edgewood the night ferry service is being closed from 11PM to 6 AM. This will increase the travel time to the nearest location for ambulance by 2.5 hours. Many elderly people locate in Edgewood as a retirement community. In February 2002, three palliative care patients, who would otherwise require hospitalization, are now able to live in their home community with support from the Outpost nurses.

Even emergencies like house fires come under the line of duty for the RN. Attending the call means dealing with any and all casualties, be they survivors or the remains. Following the most recent house fire, the OPH treated several people for smoke inhalation, and after triaging and treatment, evacuated only two. The remains of the individual who perished in the fire were removed by the coroner with the OPH nurse's assistance, as there were no community members or other professionals in the community able to cope with that task.

The community does not have routine RCMP presence. When there is a problem with violence or alcohol intoxication / poisoning, or other issues when RCMP presence would normally be called for, the OPH often provides the medical care and a safe place for the victim. Sometimes the intervention that the OPH RN can provide is extremely limited in these cases and is limited to emotional support (we don't have counselors either), at other times it involves medical treatment as well as the possible collection of evidence, without having to be subjected to long and onerous travel to get to a medical facility.

With counselors only being in the village 2 to 3 days of the week, it is often also the RN who provides emotional support, ongoing counseling and support, and crisis counseling and intervention. Without the OPH in the community, there would be a lack of a truly available service, especially for crisis interventions and support.

When an individual is in crisis, support is required then, and if there were not someone there to help at these times, there would be either more frequent evacuations under emergency care, or more individuals being left to flounder and suffer before they became sufficiently ill that they too were evacuated under the emergency medical system.

The birth of babies in the Outpost is not encouraged, as the risks to mom and baby are too high if there is a problem. Even in these days of highly monitored pregnancies, there is no such thing as a guaranteed normal delivery without problems, but on occasion, the mom doesn't leave for a larger center soon enough, and the event occurs in the Outpost Hospital.

Knowing how easily things can go wrong, and seriously wrong - uterine hemorrhages, a baby with respiratory difficulties or meconium aspiration, fetal distress etc., it is not encouraged for any mom to stay for the delivery. When it does happen though, it would be far riskier for the mom and baby to be at home without anyone with any knowledge of the birthing process in attendance, which would occur if the OPH RN were not here.

Even a perfectly normal birth would become an extremely risky affair if the OPH were not in existence, and pregnant moms would need to consider leaving the community even earlier, since the evacuation process would become all the more cumbersome without the OPH coordinating it.

11.0 Closure Impacts

Travel Costs to the Nearest Centre Where Services Would be Received

Communities served by Red Cross Outpost Hospitals tend to be located in some of the most remote geographic areas of British Columbia. Tremendous travel, accommodation and board (food) costs would be incurred by the residents if they had to travel to the nearest community with medical clinics and hospitals for routine as well as emergency care. In some cases, the cost of travel would be too great, and small problems would be ignored until hospital admission is required. For example, severely lacerated hands and fingers are an especially common malady, as are fish-hooks implanted in fingers and hands (or wherever else they happen to have punctured the skin). These types of injuries do not have good outcomes without appropriate care.

Relocation of Residents

The current Community Health Assessment study is also revealing... numerous residents have situated themselves in these communities by virtue of the fact that there is, in fact, a medical service located there. These residents tend to be of retirement age. There is no question that many of those residents would have to relocate if such services were not available.

Impact on Industry

The OPH facilities offer back-up services to the industries in the area. Those industries tend to be natural resources industries (forestry, mining, fishing, hunting, trapping) where workers are exposed to higher than average occupational injury risks. Once again there would be significant costs to the lives of the workers involved in such industries as well as to the livelihood of their families.