



RC VTAC
Renfrew County Virtual Triage and Assessment Centre
1-844-727-6404

**Virtual Triage and Assessment Centre
and
Integrated Virtual Care.**

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Improve Equity and Increase Access To Care

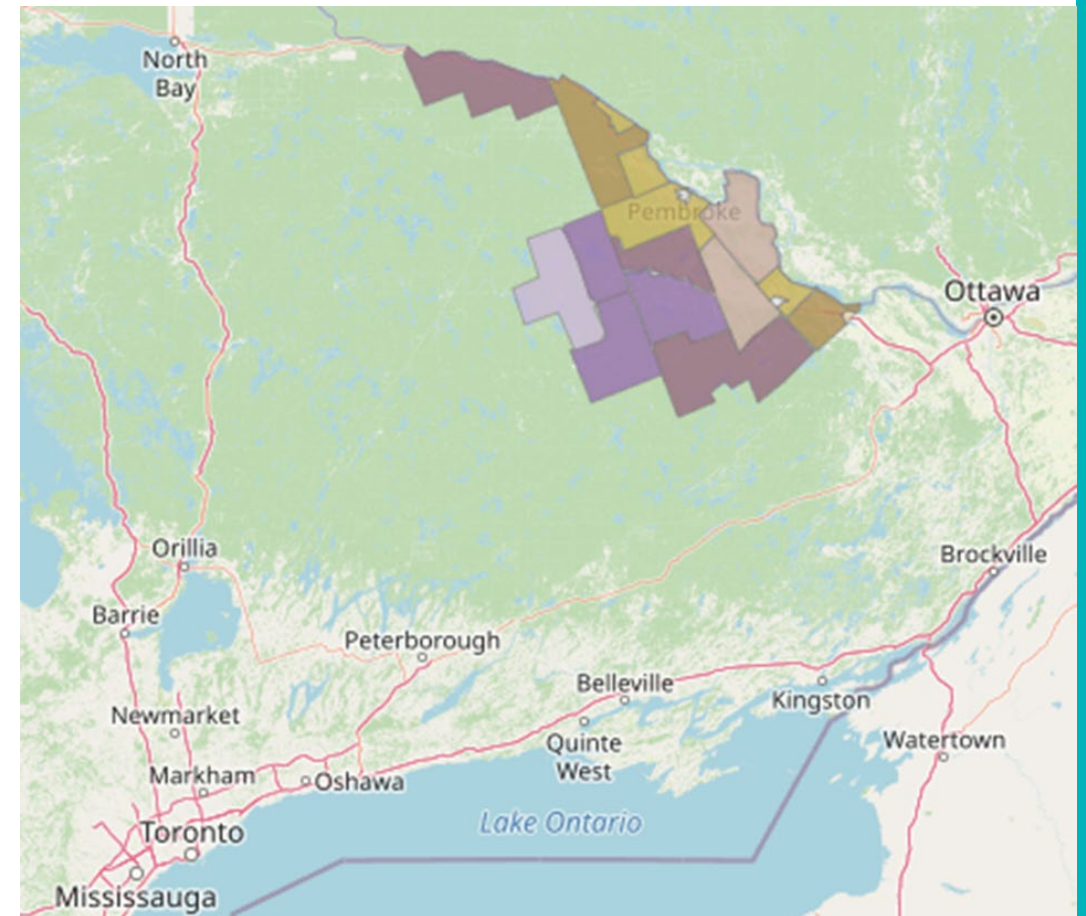
County of Renfrew, Ontario

Largest county in Ontario.

- 5 community hospitals / emergency departments.
- No walk-in clinics or urgent care centres.
- No public transit

Population is older, poorer, sicker.

- High rates of unattachment.
- Over-reliance on emergency departments.
- Migration of seniors from rural areas to urban
- Difficult to attract retirees without offering access to health services
- Difficult to attract and retain physicians in community





To meet your medical needs during a pandemic In Renfrew County, we encourage you to telephone a health care provider before going to the doctor or hospital.

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If you are feeling unwell and require medical assistance or advice, please first contact your primary health care provider / doctor by phone directly for telephone assessment,

OR

If you are unable to reach your primary health care provider, OR do not have a regular doctor,

Call 1-844-727-6404

to speak to a team of health care providers. The team will determine what level of care you need.



911 or Emergency?

Only in a life-threatening emergency:

- heavy bleeding,
- unconsciousness,
- severe breathing difficulties



Instructions on how to best care for yourself if you have mild to moderate illness



Health care provider home or clinic visit if essential to further assess and/or administer treatment



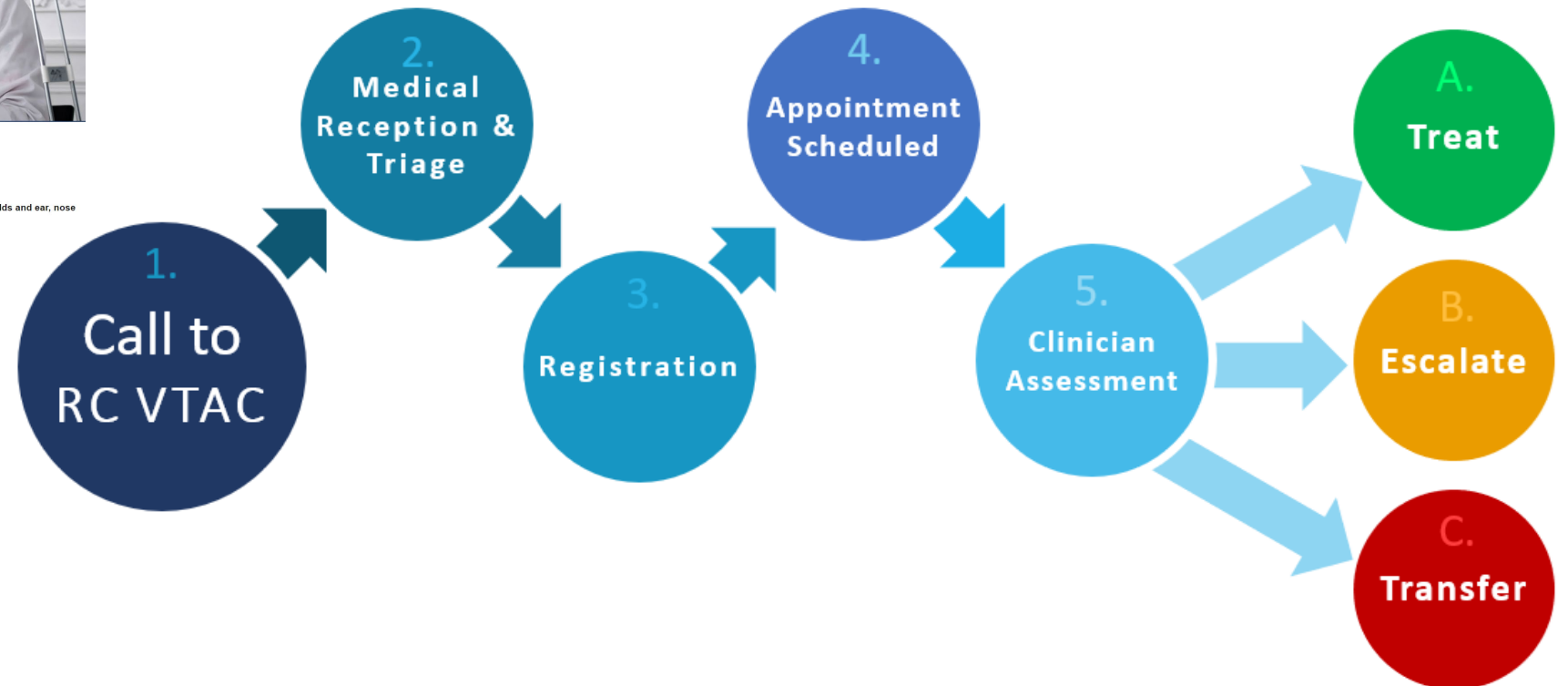
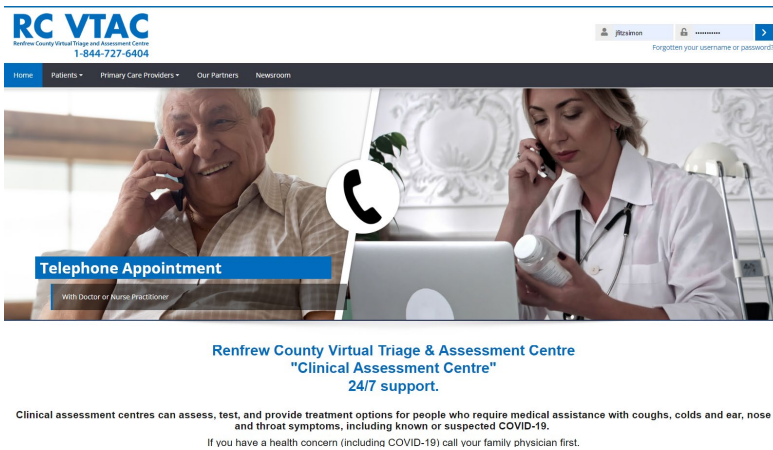
Directed to Emergency Department or 911 Paramedic

Renfrew County
Virtual Triage and Assessment Centre

Primary Care Providers
Public Health
Paramedic Service
Hospitals
Version 20.03.27

Improve Equity and Increase Access To Care

Renfrew County Virtual Triage and Assessment Centres (VTAC)



Hybrid Care To Improve Equity and Increase Access

Renfrew County Virtual Triage and Assessment Centres (VTAC)

VTAC – A hybrid of hybrids



Service Criteria

Medical Receptionist confirms patient meets service criteria and eligibility to access VTAC services.

Patient calls VTAC

Meets VTAC Service Criteria

Yes

Is the patient registered with VTAC?

Yes

Book Appointment

At Home/
In Person

At Home/
Virtual

In Clinic
Paramedic

In Clinic
Physician

Supported
Program

Focused
Clinic

Appointment Options
Medical Receptionist books patient to most appropriate resource based on discussion and determination of needs.

Guided by

Evidence-based practice
Clinical Practice Guidelines
Medical Directives (as required)
Standing Orders (as required)

Clinician Assessment

Supported by

Point of Care blood testing (iSTAT)
Phlebotomy
Urinalysis (chemical)
Advanced diagnostics (ECG, POCUS)
Swab POC analysis (Strep/COVID)
Video Otoscopy

Treat

Patient receives all required care from clinician and follow up care plan in place if required.

Escalate

Patient requires additional care: diagnostic imaging, lab testing, referral, remote monitoring, follow-up.

Transfer

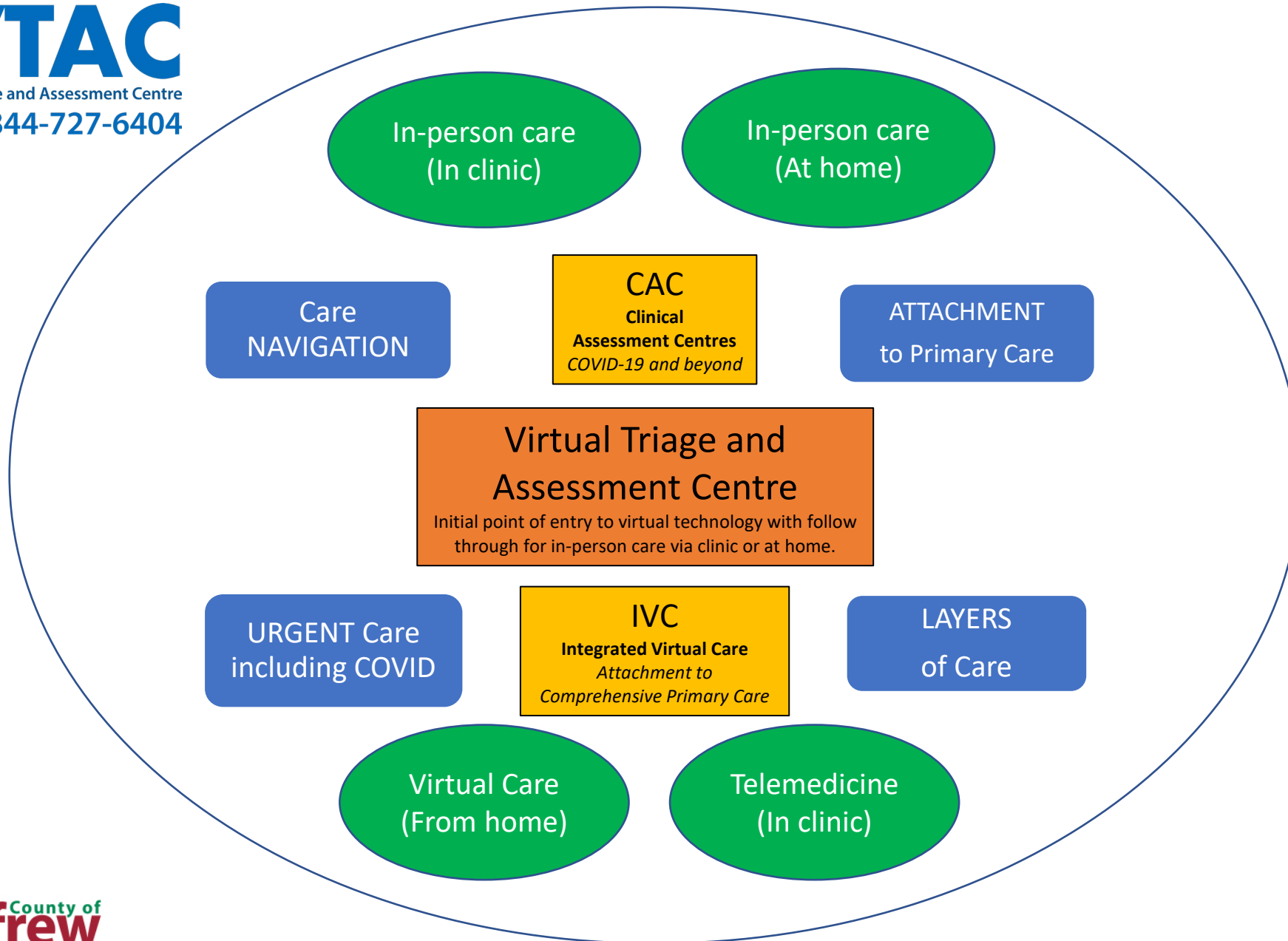
Patient referred to ED for emergent care needs

System Navigation

Medical Receptionists maintain familiarity with commonly accessed resources and direct patients as appropriate.

Direct to external resource

End call



EPC

Episodic access to Prietary Care

- **Urgent Care**
- **Layers of Care** (*additional elements of care for unattached patients*)
 - Post Hospital Discharge Visits
 - Periodic Health Reviews
- **Care Navigation** (*Existing, funded resources utilized by VTAC*)
 - Coordinate with existing community resources
 - Increase access to the healthcare system for unattached patients and reduce unnecessary ED and hospital use.
 - Two-way process from and to VTAC
 - Hub for registering unattached patients and provide a safety net of EPC until permanent attachment to comprehensive, team-based primary care is available.
 - Support OHTs

Episodic Primary Care

VTAC's urgent care, navigation and layers of care options, focused on unattached patients.

A typical month for VTAC 5500 Calls

3500

Family Physician
virtual appointments

300

Hybrid appointments
(In-person + video)

70-80%

unattached

30%

Would have gone to ED

<1% Advised to go to ED or call 911

2000+ ED attendances avoided per month

VTAC activity since March 2020

250,000+

Family Physician encounters

70,000+

Paramedic tests and clinic
assessments

10,500

Paramedic home visits

Program Evaluation Framework

INPUTS

InConact
metrics

VTAC EMR
metrics

CP EMR
metrics

Qualitative
data

Cost
(Patient/Day)

Cost saving/
avoidance
compared to
alternate services
if available.

Services
Provided

Program,
patient
level, and
services
provided

Level of
Satisfaction

Alignment
with program
objectives
and
satisfaction

OUTPUTS

Patient
Satisfaction

Cost-
Effectiveness

Health
Outcomes

Access to
Care

Broader Health Sector Impact

911 calls, ED
visits, hospital
admissions/
re-admissions/
discharge,
Unattached
access to care

**VTAC data will be linked to
other health system data to
analyze:**

1. Impact of VTAC on **client health outcomes**
2. Impact of VTAC on the **broader health care sector**
3. **Cost effectiveness** of the program

Hybrid Care To Improve Equity and Increase Access

Renfrew County Integrated Virtual Care (IVC)

IVC – The next step for hybrid care



Attachment to comprehensive,
team-based primary care
with family physician leadership.





Attachment

- Named Family Physician who works predominantly remotely.
- IVC physicians are embedded within a local physician group and family health team.
- Provides comprehensive, team-based primary care to previously unattached residents.



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Supporting Health System Priorities

Prevention and Community

Proactive care for patients to **prevent ED visits and admissions** by providing access to primary care services.

VTAC core services include health promotion and disease prevention for a large **unattached patient** population in Renfrew County.

Hospital Avoidance

Access to 24/7 **urgent care** on a same day or next day basis for all residents of Renfrew County.

VTAC core services include clinician assessment and treatment of **primary care ailments**, chronic disease management and **healthcare navigation**.

Community Transition

VTAC provides a **Healthcare Shelter** for unattached patients. Patients call with concern, receive care and get registered and recorded in a centralized EMR.

VTAC **maintains the patient records** for future encounters and transfers the file when the **patient transitions** to a primary healthcare provider.

Health System Priorities and Outcomes

ED & 9-1-1 admission avoidance	Decreased average length of stay	Address barriers to discharge and ALC designation process	Optimize and expand capacity in the Health System	Improve access and flow for high quality care and improved patient experience	Support patients waiting for attachment to primary care
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Enablers

Expanded Clinical Roles	Innovation	Relationship Building & Partnerships	Technology & Digital/Virtual Care	System Navigation
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Supported by Evidence

BMJ Journals

BMJ Open

Fitzsimon JP, Belanger C, Glazier RH, *et al*
**Clinical and economic impact of a community-based, hybrid
model of in-person and virtual care in a Canadian rural setting:
a cross-sectional population-based comparative study**

BMJ Open 2023;13:e069699.

doi: 10.1136/bmjopen-2022-069699

<https://bmjopen.bmj.com/content/13/5/e069699>

CFP MFC

CANADIAN FAMILY PHYSICIAN • LE MÉDECIN DE FAMILLE CANADIEN
The official journal of the College of Family Physicians of Canada

<https://www.cfp.ca/news/2020/06/12/06-10>

Providing 24/7 healthcare for all during the COVID-19 pandemic

Jonathan Fitzsimon, MD CCFP, Oliver Gervais, MD, Chelsea Lanos and Maureen Sullivan-Bentz

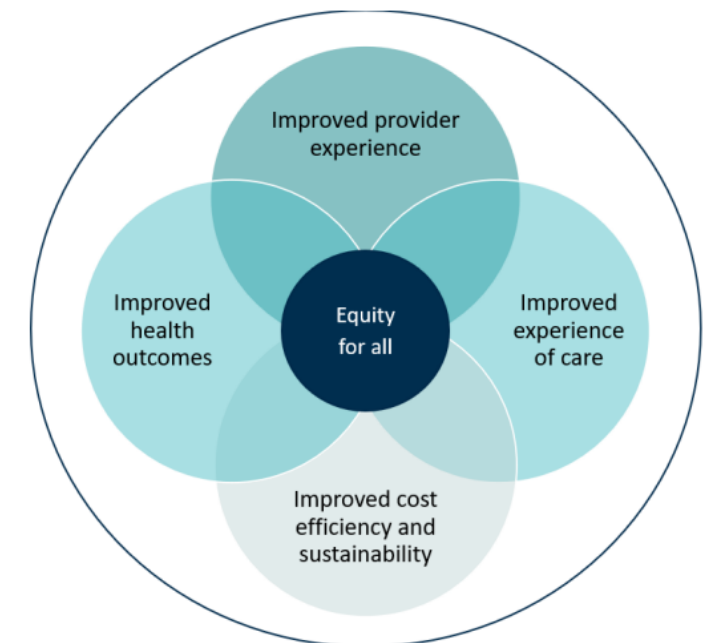
JMIR Public Health and Surveillance

<https://publichealth.jmir.org/2022/2/e30063/>



COVID-19 Assessment and Testing in Rural Communities During the Pandemic: Cross-sectional Analysis

Jonathan Fitzsimon^{1,2} , Oliver Gervais³ , Chelsea Lanos⁴ 



Investigating Patient Experience, Satisfaction, and Trust in an Integrated Virtual Care (IVC) Model: A Cross-Sectional Survey

Samantha Buchanan, Cayden Peixoto, Christopher Belanger, Douglas Archibald, Lise Bjerre and Jonathan Fitzsimon

The Annals of Family Medicine March 2023, 2798; DOI: <https://doi.org/10.1370/afm.2978>

<https://www.annfammed.org/content/early/2023/03/20/afm.2978>

ANNALS OF
FAMILY MEDICINE

More information about this program is available at www.rcvtac.ca



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RC VTAC in Medical Journals

2023, [British Medical Journal \(BMJ Open\)](#):

Clinical and economic impact of a community-based, hybrid model of in-person and virtual care in a Canadian rural setting: a cross-sectional population-based comparative study.

2023, [BMC Health Services Research](#):

Family physicians' experiences with an innovative, community-based, hybrid model of in- person and virtual care: a mixed-methods study.

2022, [JMIR Public Health Surveillance](#):

COVID-19 Assessment and Testing in Rural Communities During the Pandemic: Cross-sectional Analysis

2020, [Canadian Family Physician \(CFP\)](#):

Providing 24/7 healthcare for all during the COVID-19 pandemic

