



Real-Time  
Virtual Support

UBC DIGITAL EMERGENCY MEDICINE

# Real-Time Virtual Support (RTVS)

## ABOUT RTVS-RUDi MRP

**Real-Time Virtual Support (RTVS)** bridges healthcare equity gaps in British Columbia's (BC) underserved communities. It enables timely and effective healthcare delivery through a virtual network.

**Rural Urgent Doctor in-aid (RUDi)** is an integral component of the RTVS pathways, designed to offer **Emergency Medicine and Most Responsible Provider (MRP)** support to healthcare professionals working in BC's rural health facilities.

## WHY RTVS?

More than 200 communities in BC are considered rural. Physician isolation, sparse clinical resources, lack of collegial support, and provider burnout are challenges faced by providers, especially in edge communities. The COVID-19 pandemic further amplified these disparities, magnifying inequity essential to healthcare services..

## VIRTUAL ED COVERAGE—RUDi MRP

- RUDi has been providing **virtual support to nurses, doctors, and other clinicians** in BC since April 2020.
- In May 2021, a new use for the RUDi pathway emerged. Rural communities experiencing staffing problems wanted RUDi to step in to provide **overnight virtual coverage** of emergency departments (EDs), and the RUDi MRP program was born.
- RUDi MRP is designed for rural communities that are short-staffed and an extra virtual physician overnight can help the physician(s) on the ground maintain as much well-being as possible. This work therefore supports **recruitment and retention**.
- Virtual coverage of an ED starts with a team huddle with the nurses on shift, the in-community physician and RUDi virtual physician so that **lines of communication can be established and maintained**.
- The coverage can only go ahead with the support of the on-the-ground clinical team, the Health Authority and the community.
- RUDi MRP has now prevented 3,753 hours of ED closure and counting.

## ACHIEVEMENT HIGHLIGHTS



### Continued Emergency Department Operations.

Ensured rural emergency departments continued smooth operations by providing **continuous care**, even during challenging times. Supported the prevention of closures of critical emergency departments.



### Reduced Patient Diversion, Provided Uninterrupted Care.

Minimized the need to divert patients to other hospitals. **Reduced patient burdens** due to extra travel and potential delays in receiving care.

## NOW WHAT?

**Sustainability and Growth.** Ensure the services are resilient. Continue expanding. Maintain the service over time, even as the healthcare landscape evolves.

**Adapting to Needs.** Continue assessing the healthcare demands of rural areas. Adapt the services to meet these changing needs.



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