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Rural and Remote Nursing Policy Table

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Enhancing Rural and Remote Nursing Practice for a Healthier B.C.

Nurses and Nurse Practitioners of British Columbia
Equality • Collaboration • Unity

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About the Rural and Remote Policy Table

The Rural and Remote Policy Table of the Association of Registered Nurses of British Columbia was developed to provide government with a mechanism to communicate with rural and remote nurses to identify policy issues and solutions related to rural and remote nursing and health. The Rural and Remote Policy Table was comprised of rural and remote registered nurses and nurse practitioners who provide direct care across the province, as well as rural clinical practice educators, rural researchers and rural nurse educators. While this was not the only policy table influencing rural and remote health care in B.C., it was one way to ensure that rural and remote nursing voices are considered. This discussion paper was developed by the ARNBC policy table and followed the organizational mandate of focusing only on registered nurses and nurse practitioners.

With the province moving to one nursing association to represent all designations of nursing in B.C., this document will be published by NNPBC, but is currently limited to the scope covered during the final phase of writing - registered nurses and nurse practitioners. NNPBC however, believes that registered nurses, nurse practitioners, licensed practical nurses and registered psychiatric nurses play a vital role in providing high quality patient care in rural and remote communities. As a result, an update to this document will be considered post-publication.

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Executive Summary

Nurses provide care to British Columbians across the lifespan in areas where they live, work and play. Within rural and remote B.C., nurses not only live, but work in their communities, and are often the only available health care provider. As a result, they have a solid understanding of the issues that impact rural and remote health care, and the solutions needed to address them. Despite possessing the expertise and knowledge which they can and should bring to the discussion on how government develops and implements policy in rural and remote areas, there has historically been limited opportunity for rural and remote nurses to engage in these critical discussions. As a result, rural and remote health policy has been predominantly influenced by other groups of providers such as physicians, with little input from nurses, who are often the most influential care providers in smaller communities throughout the province.

The move to be more inclusive of rural and remote nursing expertise was finally signalled in the Ministry of Health's 2015 policy paper *Delivering a Patient-Centred, High Performing and Sustainable Health System in B.C.: A Call to Build Consensus and Take Action*' (MOH, 2015a). In this ground-breaking strategic paper, government specifically named ARNBC as a key nursing stakeholder in working towards patient-centred care and continuous improvement. This over-arching paper set the stage for a series of policy papers, in which nursing has had an opportunity to provide feedback and recommendations, and begin to consider how nursing can be at the forefront of implementing the Ministry vision. *Rural Health Services in BC: A Policy Framework to Provide a System of Quality Care* (MOH, 2015b), was the final policy paper in the Ministry series, and its publication led to the development of ARNBC's Rural and Remote Policy Table. For the first time, rural and remote nurses and the Association are able to collaborate on the development of a strategy that responds to many of the questions that have been raised about how to advance rural and remote nursing to better support the health of communities.

Enhancing Rural and Remote Nursing Practice for a Healthier B.C. is the first deliverable created by ARNBC's Rural and Remote policy table. This discussion paper examines the six principles outlined in *Rural Health Services in BC: A Policy Framework to Provide a System of Quality Care* (MOH, 2015b) using a rural and remote lens, with the express intent of providing a series of recommendations and further steps for decision-makers to consider.

The six principles outlined by the Ministry of Health (2015a) are by no means definitive. However, the Policy Table felt strongly that a nursing response should align with the indicators that were already laid out by government, rather than re-formulating what would ultimately be similar categorizations. The benefits of using the existing principles were two-fold: (1) alignment with already established policy led by the Ministry, and (2) a recognition that these principles had been developed through extensive consultation with rural and remote health care providers and therefore would reflect the types of issues and challenges faced by nurses working in direct care in rural and remote communities throughout the province.

The six service delivery principles noted in this policy discussion paper are (MOH, 2015b, p.2):

1) Population Health Need – Service delivery will be based on the population health needs of local communities. Emphasis is placed on promoting the health of the population.
2) Shared Responsibility – Responsibility for a healthy population is shared between individuals, the community and health service providers.
3) Flexibility and Innovation – Flexibility and innovation will shape service delivery models. Emphasis will be placed on sharing and spreading innovative approaches.
4) Team-based Approaches – Services will be delivered in a team-oriented, integrated way.
5) Cultural Safety – Individuals, families, and communities will be treated in a respectful and culturally safe manner.
6) Close to Home – Services will be provided as close to home as possible. As services become increasingly specialized, quality and sustainability become balancing considerations.

For each principle, the Policy Table considered the barriers and facilitators to implementation using a nursing lens. Direct care nurses from around the province were able to focus on the key elements that prevent the health care system from moving towards achieving the goals listed in the principles. This was important as the nursing lens is often quite distinct from that provided by other health care providers. Nurses play an integral role in every aspect of the patient experience, no matter where they are receiving care or the type of service they are receiving. In addition, nurses explicitly focus on promoting the health of communities. Recognizing the barriers and facilitators faced by rural and remote nurses when delivering care was integral to framing recommendations for moving forward.

Drawing upon the experience and expertise of direct practice nurses, current evidence, and reflections on the health care system and the six principles as a whole, the RRPT has developed a set of recommendations which, if implemented in British Columbia, would strengthen rural and remote nursing practice and lead to better patient outcomes and healthier communities in areas that are outside of our urban centres. While some of these recommendations certainly reflect a broader perspective on needed system change, they take on a different tone and approach when viewed through the lens of rural and remote nursing.

The RRPT identified the following priorities as the key to launching a discussion on strengthening rural and remote nursing in British Columbia:

- Optimize registered nurse and nurse practitioner scope of practice.
- Enhance rural and remote registered nursing education/continuing education/professional development.
- Support nurse practitioner integration and practice.
- Invest in rural and remote nursing research and knowledge translation.
- Support nurses in contributing to the health and well-being of their communities.
- Champion rural and remote nursing leadership.
- Expand on this work to include challenges and recommendations for rural and remote LPNs and RPNs.

Enhancing Rural and Remote Nursing Practice for a Healthier B.C. is the beginning of a much-needed discussion on the current and future of rural and remote nursing in the province. It is intended to be a supportive framework, via a nursing lens, that guides system change in smaller communities around the province. This is the first step towards making the necessary changes to support quality, accessible health care for all British Columbians, no matter where they live and work in the province.

Key Messages

- Nursing in rural or remote communities is not the same as nursing in urban centres.
- In order to deliver high quality patient and person-centred care in rural and remote B.C., nurses must be better supported in their practice.
- Nurses in rural and remote communities need to know how to care for the full range of persons and families who present for care, even though they do not have the same access to other health care professionals and supports as do their urban counterparts.
- Approximately 2,800 registered nurses and nurse practitioners work in rural or remote settings in B.C. (CIHI, 2016).
- Nurses in rural and remote communities are often the only available health provider because small communities do not always have a full complement of providers (e.g., physicians, respiratory therapists, physical therapists, social workers, etc.)
- Nurses who live and work in rural and remote communities have expertise, experience and knowledge that should be utilized when policymakers and other stakeholders are making plans for restructuring rural health services.
- There are existing barriers that limit opportunities for rural and remote nurses to work to their full scope, take advantage of continuing education opportunities or become leaders in innovation. These barriers must be acknowledged by policymakers and addressed in the specific context of rural and remote nursing.
- Policymakers need to focus on recruitment and retention of rural and remote nurses, in order to ensure all British Columbians have equal access to health care services, as close to home as possible.
- There are a number of key recommendations that if enacted, would begin to close the gaps between rural and remote nurses and their urban counterparts, and this would have a significant and positive impact on the health outcomes of rural British Columbians. These recommendations include:
    - Optimize registered nurse and nurse practitioner scope of practice.
    - Enhance rural and remote registered nursing education/continuing education/professional development.
    - Support nurse practitioner integration and practice.
    - Invest in rural and remote nursing research and knowledge translation.
    - Support nurses in contributing to the health and well-being of their communities.
    - Champion rural and remote nursing leadership.
    - Expand on this work to include challenges and recommendations for rural and remote LPNs and RPNs.

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Introduction

British Columbians living in rural and remote communities experience geographic and systemic access issues, and this contributes to health outcomes which are generally poorer than their urban counterparts (Mitura & Bollman, 2003; CIHI, 2006; PHSA, 2016). As the distance from a health care service increases, access and use of service decreases. Specifically, higher injury and mortality rates in rural and remote areas have been associated with prolonged discovery times, and delayed access to emergency services and local trauma services (Simons et al., 2010). Individual health can also be impacted by a lack of amenities that generally promote health and well-being (well-equipped gyms, lack of organized team play, etc.). As a result, geographic access issues highly impact access to care across the continuum, from preventative primary health care to specialized services.

Despite geographic challenges, nurses are inextricably linked to their communities and have a strong understanding of upstream approaches to well-being. The B.C. Ministry of Health's *Health Human Resource Policy Paper* (MOH, 2015c) and the more recent B.C. Auditor General's Report, *An Independent Audit of the Recruitment and Retention of Rural and Remote Nurses in Northern B.C.* (BCOAG, 2018), recognizes that recruitment and retention of health service providers in rural and remote B.C. is crucial to ensuring adequate access to health services in these communities. As a profession, nursing continues to positively contribute not only to better health service delivery, but the overall health and well-being of communities by focusing on the strengths of nursing and how nursing builds on those strengths (Kulig et al. 2004).

Although government and health authorities in British Columbia have identified rural and remote health care as a priority, and a number of policy papers and frameworks have been written, there has been very little input sought from the nursing professionals who are often the lynchpin of good health care in small communities across the province. Government acknowledges that challenges can be overcome by "knowing what counts to employees and practitioners" (MOH, 2015c, p. 5) and yet consultation with both groups has historically been quite limited.

Enhancing Rural and Remote Nursing Practice for a Healthier B.C seeks to provide understanding into the challenges health care professionals who work in rural and remote settings are facing; and begin a discussion on how the province may begin to make the changes necessary to enhance rural and remote nursing practice in order to improve the health outcomes of British Columbians.

Background

Defining rural or remote communities is one of the most debated topics in rural and remote health policy. Researchers, government, health authorities and professional organizations all use varying definitions, which creates significant difficulties in developing policy to address gaps in health care. Some definitions are based on distance from major regional hospitals, some are based on time needed to transport to regional centres in good weather, some are related to the nature of their work, and others are based on population density (Statistics Canada, 2015; Kulig et al, 2008).

Although it is important to note that no rural or remote community is the same, and each community should be considered based on its specific context, *Enhancing Rural and Remote Nursing Practice for a Healthier B.C.* uses the definition of rural and remote communities that is in alignment with the "Community and Hospital Classification Framework" outlined in the Ministry of Health's *Rural Health Services Policy Paper* (BC MOH, 2015b). Communities with a population of 3,500 to 20,000 are considered rural, communities with a population of 1,000 to 3,500 are considered small rural, and communities with a population of less than 1,000 are categorized as remote. Communities within the First Nations Health Authority (FNHA) however, are not captured in the Ministry's framework, which is an oversight that will require correction in the future.

What Makes Rural and Remote Nursing in B.C. Unique?

The Ministry of Health's Rural Health Services Policy Paper specifically outlines the need to "define the role of a rural physician and to ascertain the distinctive skills required when working in smaller communities." (BC MOH, 2015b). This is a reasonable priority considering the unique nature of rural and remote practice for physicians, however, there is equal value in identifying the distinctive knowledge and skills for nurses working in smaller communities.

The importance of defining the nature of rural nursing practice is not a new concept, and was identified as a key priority nearly 20 years ago (MacLeod, 1999). Without this definition, it becomes difficult to explore how nursing practice can be optimized to improve health care delivery in rural and remote B.C. A lack of understanding can lead to the danger that rural nurses and the clients and communities they care for become "marginalized in a geographic, social, and political sense (Jackman, Myrick & Yonge, 2012, p. 65), and that the importance of the multifaceted nature of rural nursing practice is not acknowledged (MacLeod et al., 2004a; CARRN, 2008; Siemens, 2016). As a result, establishing a foundation of what rural nursing entails is critical when seeking ways to support rural and remote nurses, and in turn, supporting British Columbians who live in these communities and depend on the nursing services provided.

Rural and remote nursing is often characterized by:

- Making autonomous decisions with limited access to other human resources or needed supplies.
- Holding advanced knowledge and ability in multiple clinical areas.
- Having a wide range of skills ("multi-specialist generalists"/"expert-generalists"/ "extended generalists" / "multi-skilled generalists").
- Struggling to maintain competency without opportunities to practice complex tasks on a regular basis.
- Practicing culturally safe care.
- Fulfilling responsibilities that would be done by other providers in urban areas.
- Feeling professional isolation.

Much of the way in which rural and remote nursing practice has been defined is based on the skills and expertise needed by nurses, their interconnection with their communities, as well as the areas in which they work, where "distance, weather, limited resources, and backup shape the character of their lives and professional practice" (MacLeod, 1999). Their work is unique because of the requirement for rural nurses individually to have proficiency in caring for multiple population and the ability to work in multiple settings (e.g. acute and home health). Rural and remote nurses cannot be simply perceived as "nurses who

provide care in rural and remote B.C." A documentary analysis by Kulig et al. (2016) concluded that there continues to be a lack of accepted and universal definitions of the terms rural and remote. As a result, what counts as rural and remote nursing remains unclear. It is evident that significant effort has gone into describing rural nursing over time (e.g., Bushy, 2006; CAARN, 2008; MacLeod et al., 2008a). Importantly, the practice of rural and remote nursing in Canada can be characterized by its "variability, complexity and the need for a wide range of knowledge and skills in situations of minimal support and few resources" (MacLeod et al., 2004b, p. 2). Notably, it is the geography that shapes the nature of rural and remote nursing practice, along with the range of patient populations that present for care, the need to move seamlessly and competently between practice settings – where the patients are, the need to manage sometimes complex situations in situations of little backup, and the nurses' inextricable connections to the community.

Composition of the B.C. Rural and Remote Nursing Workforce

According to the Canadian Institute for Health Information (2017), 11.9% of British Columbians live in rural areas and 6.5% of B.C.'s regulated nurses practice in these rural settings. Results from a recent survey from a multi-method study entitled *Nursing Practice in Rural and Remote Canada II* (Jonatansdottir et al., 2017) indicate that 19% of rural B.C. nurses are under 35 years of age, while 33% of rural B.C. nurses are 55 years of age or older.

The proportion of registered nurses in both full time and part time positions has decreased since 2003, while the proportion of casual positions continues to increase (Place, MacLeod, Johnston & Pitblado, 2014). In rural B.C., 9.7% of registered nurses, and 21% of nurse practitioners work in a community with a population under 1,000. The top three reasons rural registered nurses choose to work and stay in rural B.C. are location, interest in practice setting, and income (Jonatansdottir et al., 2017).

The Role of Nurses in Rural and Remote B.C

In caring for a wide range of patient populations, nurses working in rural and remote parts of the province often take on different roles than those working in urban centres. They can often find themselves "the only show in town" (Chalmers, Bramadet & Andrusyszyn, 1998) or the "only person on shift" and are presented with complex situations that they must resolve without the assistance of another health care professional and frequently without adequate resources, human or otherwise, to support their complex roles. Investments in expanding and supporting scope of practice using technology such as telehealth, are critical to retraining current health human resources and increasing future recruitment and retention.

Providing Equitable Access to Patient-Centred Care

Patient-centred care "puts patients at the forefront of their health and care, ensures they retain control over their own choices, helps them make informed decisions and supports a partnership between individuals, families, and health care services providers" (MOH, 2015a). Nurses provide the bulk of health care in many rural and remote communities, and are vital in providing patient-centred care. However, they require the necessary supports to help build healthy communities, support informed decision making, and enable equitable access to services.

The role of the nurse has been essential in the delivery of health care for the rural and remote population for over a century. While British Columbians are proud of our universal health coverage, the reality is that those who live in rural areas often struggle with accessibility, universality, and comprehensiveness, issues that are not as prevalent in urban areas. Historically, nurses in rural and remote areas provided general and holistic care, from treating diseases to engaging in expanded roles such as delivering babies (Jackman et al., 2012). The reality is that without nurses, care would have been compromised or non-existent in many rural and remote areas. Nurses today continue to fill the many gaps that exist when other members of the interprofessional team such as physicians, midwives, respiratory therapists, occupational therapists, physiotherapists, social workers, and technologists are unavailable or inaccessible.

As generalists, rural and remote nurses in B.C. have been essential to the existence of rural communities, and the profession continues to contribute immensely to the health of British Columbians living in rural and remote communities. Failure to expand the current definitions of nursing scope to meet real world realities forces rural and remote nurses to practice at the edge of, or beyond, their scope, which has the potential to negatively impact patient outcomes.

> "…nurses have been providing high quality primary health care and filling a gap in health-care access in remote … communities for decades. …[Nurses have worked] with communities to address community-defined priorities … [and] on health promotion and prevention […] contextualized to the needs of the community… [along with advocacy for] access to adequate housing and clean water." (Tarlier & Browne, 2011).

Building on B.C.'s Rural Health Service Delivery Principles

In 2015, the B.C. Ministry of Health published *Rural Health Services in BC: A Policy Framework to Provide a System of Quality Care* (MOH 2015a). Although the document included some discussion around the role of nurses and nurse practitioners in rural and remote B.C., this discussion paper, *Enhancing Rural and Remote Nursing Practice for a Healthier B.C.* provides a nursing-focused perspective on the strategy outlined by government.

In *Rural Health Services in BC: A Policy Framework to Provide a System of Quality Care, g*overnment set out six rural health service delivery principles. The paper notes that "these principles will provide a reference point for how health organizations can collaborate to meet the changing health needs of rural populations, and will outline for decision-makers, the important considerations and potential opportunities available in rural B.C." (MOH, 2015b).

In some cases, rural and remote nurses already take on a leadership role in delivering health care guided by these principles. However, nurses also currently face significant practice and policy barriers such as a lack of support to enact full scope or inaccessible education that have significant implications on the ability to carry out these service delivery principles. As a result, there is a greater need to examine the ways in which nursing practice must be supported and/or enhanced in order to improve health care delivery across rural and remote B.C.

The benefits of using the existing principles were two-fold: alignment with already established policy led by the Ministry, and a recognition that these principles had been developed through extensive consultation with rural and remote health care providers and therefore would reflect the types of issues and challenges faced by individuals working in direct care in smaller communities throughout the province.

The six principles are (MOH, 2015b):

1) Population Health Need – Service delivery will be based on the population health needs of local communities. Emphasis is placed on promoting the health of the population.
2) Shared Responsibility – Responsibility for a healthy population is shared between individuals, the community and health service providers.
3) Flexibility and Innovation – Flexibility and innovation will shape service delivery models. Emphasis will be placed on sharing and spreading innovative approaches.
4) Team-based Approaches – Services will be delivered in a team-oriented, integrated way.
5) Cultural Safety – Individuals will be treated in a respectful and culturally safe manner.
6) Close to Home – Services will be provided as close to home as possible. As services become increasingly specialized, quality and sustainability become balancing considerations.

Principle 1: Population Health Need

Service delivery will be based on the population health needs of local communities. Emphasis is placed on promoting the health of the population. (MOH, 2015b)

There are many ways that nursing supports the different population health needs of local communities. Nurses are often the only consistently available health care provider in rural and remote communities, and their knowledge and skills around caring for individuals across the lifespan are key to enabling the delivery of population public health and integrated primary and community services. Nurses are also key players in ensuring that the broader social determinants of health such as education, housing and food security are addressed in health care, and upstream solutions to building healthy communities are realized (Kulig et al. 2004). In reference to physician services, the Ministry paper recognizes "the need for generalist practice in rural and remote communities is a practical reality and must be balanced against the requirement for quality and safety of those services" (MOH, 2015b). Similarly, nurses have indicated that providing high quality and safe patient-centred care requires sufficient support for the complexity around generalist nursing practice in rural and remote communities.

Challenges and Barriers to Responding to Population Health Needs

a) Generalist Nursing Practice

Building on the current practice of registered nurses would strengthen health care delivery in Canada (CNA, 2015), but would also require additional support for education and practice. Nurses within rural acute care facilities have long been recognized as practising as "multi-specialist generalist" (MacLeod, 1999), as they have had to care for everyone who came through the doors of the hospital. However, in many rural and remote communities across B.C. there has been a shift towards including community services such as home and community care, mental health and substance use, and public health, under the responsibility of primary care nurses working within primary health care teams. This is also requiring community-based nurses to have both general and specialized knowledge, practicing as a "multi-specialist generalist" or "expert-generalist." Unfortunately, without adequate ongoing education and practice support for the responsibilities that these nurses are required to undertake, it is becoming more difficult for nurses to adequately meet the needs of persons within their communities.

Population health needs are complex and dynamic. In order to provide the best possible care, nurses need to have access to adequate and consistent quality education and context specific practice support. As self-regulating health professionals, nurses of all designations are very aware of their own education needs, and have the knowledge and ability to seek out appropriate continuing education in areas they require refreshing or wish to integrate into their practice. In order to support generalist practice, rural and remote nurses agree that there is a need to improve basic nursing education and create relevant, responsive continuing education (MacLeod et al., 2008a; MacLeod & Place, 2015).

The Select Standing Committee on Health's Report (Select Standing Committee, 2017), specifically recommends incorporating rural practice and generalist models of care in education and training curriculums, but consistent support and education outside of formal educational institutions is also needed to better support those in practice. Accessing practice support or continuing education, whether formal or informal, is difficult due to a lack of funding, inflexibility with staffing, and a lack of sufficient numbers of nurses with a range of experience. Further, there continues to be recruitment and retention challenges that create difficulties in enabling nurses to meet the population health needs of local communities.

In order to become a competent 'multi-specialist generalist' nurse, access to consistent and ongoing rural mentoring and coaching is required. Many nurses in rural and remote areas, both novice and seasoned, are often expected to coach or provide practice support to their colleagues. However, nurses carrying this responsibility are often not compensated or supported to enable sustainable education and mentorship. As indicated in the Ministry of Health's Health Human Resources discussion paper (MOH 2015a), better support is needed for novice nurses who are transitioning from education to practice, as failing to provide this will

continue to have negative impacts on recruitment and retention (MOH, 2015c). Further, the Nursing Policy Secretariat's priority recommendations articulate the need to better support novice nurses, while providing enhanced education for rural and remote nurses (MOH, 2018).

The Select Standing Committee on Health's recommendation to "expand access to health care in rural, remote and isolated areas with a full suite of health care services including but not limited to: acute care, home supports; respite care; mental health and substance use services; counselling specialists; testing or imaging; preventative and rehabilitative care; and cardiac, surgical, maternity and pediatric care; and to expand or provide transportation options that are accessible, affordable and readily available to enable access to health care, including ground, air and water transportation, as well as public transit and shuttle bus options" (Select Standing Committee, 2017) would represent a positive step towards improving patient outcomes in rural and remote communities. At the same time, it cannot be realized until nurses have the appropriate tools and supports.

Principle 2: Shared Responsibility

Responsibility for a healthy population is shared between individuals, the community and health service providers.

The health of a community is a shared responsibility of all its members. Interdependent sectors such as individual health care professionals, public health agencies, health care organizations, local governments, employers, schools, faith-based organizations, community organizations, policymakers, and the public must address issues of accountability and shared responsibility for various aspects of community health. In many rural communities, there is intersectoral action amongst these group as a matter of course, and they recognize that working together effectively requires a common language and an understanding of the multidimensional nature of the determinants of health.

Challenges and Barriers to Embracing Shared Responsibility

a) Gaps with Community Partners

Working towards a healthy population is a responsibility that is shared between individuals, the community, and health service professionals. In many cases, nurses are the only health care providers that link British Columbians to other services that address their social determinants. Addressing the social determinants of heath and supporting healthy communities are key areas that continue to be central to the practice of nursing. However, greater structural and organizational supports are required to further nurses' engagement in this upstream population health work.

Results from the multi-method study "Nursing Practice in Rural and Remote Canada II" (Jonatansdottir et al., 2017; MacLeod et al., 2017), indicate that many rural B.C. nurses report that while primary health care principles are encouraged in their workplaces, intersectoral action is not yet well established. While nurses were positive about their workplaces being closely linked with community agencies, they were neutral in their perception that community agencies meet regularly to discuss issues that affect health. More efforts are needed to improve the coordination of services that impact health across settings, ensure community participation, and develop intersectoral teamwork.

There must be greater support for ensuring health care is a shared responsibility and that no single care provider is taking on all of the responsibilities in supporting an entire community. Rural and remote nurses across B.C. require greater professional supports if they are going to be expected to provide needed services to patients (MacLeod et al., 2008b).

Principle 3: Flexibility and Innovation

Flexibility and innovation will shape service delivery models. Emphasis will be placed on sharing and spreading innovative approaches.

Registered nurses have a long history of providing leadership in the development of innovative strategies that empower patients to improve their quality of life and provide cost-effective solutions to health care (CNA, 2015). Within rural and remote nursing, flexible and innovative health care has been possible due to the generalist practice of nurses. Flexibility and innovation service delivery models have also been possible as a result of optimizing staff mix, exploring ways to enhance roles, enabling skill flexibility, and exploring role substitution and role delegation. For example, the expanded scope of nurses with a RN First Call certification, the integration of certified practice roles, and the use of nurse practitioners have increased access to health care services.

There are currently innovative and flexible models that exist in pockets as indicated in the Select Standing Committee's report, including mobile health units where health care providers travel or rotate through communities to provide health care individually or in teams, multidisciplinary teams which provide a range of primary and community care services, nurse-based transport and retrieval teams, and telehealth and telemedicine. While nursing has a foundational role to play in all of these models, employer restrictions, provisions in negotiated agreements, scope of practice limitations and regulatory barriers that prevent nurses from being able to engage in flexible and innovative solutions, must be addressed. In order for nurses to optimize their scope, the role of other available members of the interprofessional team should also be optimized.

Challenges and Barriers to Flexibility and Innovation

a) Registered Nurse Scope of Practice

The Canadian Nurses Association (CNA, 2015), articulates the need to acknowledge the dynamic nature of registered nurses' education, regulation and practice, which develop in response to population health needs, advancements in nursing knowledge, and changes in the health care system. However, there are currently many challenges that make it difficult for nurses to meet changing population health needs. Consultations with rural and remote nurses across the province, as well as recent research, indicate that in order to meet the needs of populations, health services must be organized in ways that enable registered nurses to enact their full scope of practice (MacLeod et al., 2008a; 2008b).

Controls placed by the regulatory body, health authority and employer, as well as the lack of supports for nurses implementing their full scope of practice, also limit the ability to maximize scope. Increasing flexibility within the nursing role can improve patient outcomes, yet there continues to be many restrictions on nursing practice that create difficulties in fully utilizing nurses to meet the health care needs of those in rural and remote areas. For example, while many nurses may be able to engage in a broad range of activities as outlined in legislation such as discharge, prescriptive authority, and procedures, many levels of control at the regulator, employer, and individual level create barriers to enabling flexible health care delivery.

Registered nurses and nurse practitioners are autonomously self-regulated health care professionals who understand when to refer patients to a different type of care. Greater flexibility within nursing regulation would create a culture of trust, which enables nurses to determine their ability to engage in activities based on their knowledge and competency, which could in turn improve access to care. Within the context of organizational and employer policies, inconsistent and restrictive policies on nursing practice are also key barriers that must be addressed to improve flexibility, accessibility and responsiveness of health services.

b) Legislation and Regulation

In a province as vast as BC, the Ministry of Health acknowledges that providing emergency response ambulance services in some rural and remote areas continues to be a challenge (MOH, 2015b) yet the B.C. Ambulance Service (BCAS) currently has the sole legislative authority (Emergency Health Services Act) to provide emergency response and transport in the province (BC Forest Safety Ombudsman, 2017). To address the service gap that exists in sparsely populated areas of BC, the provincial government could explore changes to existing legislation that enable a "generalist" approach to providing emergency response and transport. This would generate innovative opportunities for interdisciplinary health care professionals, such as Registered Nurses and Nurse Practitioners, to complement BCAS personnel in delivering high quality, patient-focussed emergency services in rural and remote areas of the province. Recommendations from *Rural Patient Transport and Transfer: Findings from a Realist Review,* support the concept of building capacity among local, interprofessional care teams to support emergency response and transport of complex patients to a higher level of care (Kornelsen, 2016). One such example is Interior Health's High Acuity Response Team (HART). HART is a hospital-based rural transport team that is staffed by registered nurses and respiratory therapists with specialized training to provide inter-facility transport services and onsite support for staff at rural and remote facilities (Kornelson, 2018). Changes to existing emergency response regulations would open up new opportunities that leverage interdisciplinary care teams such as HART to enhance the scope and quality of patient care that could be available to rural and remote citizens of BC.

The Select Standing Committee on Health's 2017 report noted that many submissions they received illustrated that time is often a critical factor for successful patient outcomes, and in many cases, a lack of patient transport options inhibit their ability to access timely care. As a result, it is vital to ensure that nurses who have the knowledge and skills to provide needed care are fully integrated into all areas of the system where they have proven to contribute to positive patient outcomes. In the case of transport, this aligns with the Select Standing Committee on Health's recommendation of expanding and providing transportation options that are accessible, affordable and readily available to enable access to health care (e.g., rotary and fixed-wing modes of transport). It is also important to ensure that issues related to patient transport processes are closely re-examined to ensure greater accessibility, availability and flexibility.

c) The Lack of Rurally-Focused and Responsive Resources

Nurse educators in rural and remote areas have indicated that they spend a considerable amount of time creating practice support tools and education delivery to support practice which may already exist in other health authorities and across sparsely populated health authorities in other provinces and territories. In order to utilize resources that exist in other health authorities, educators spend significant time adapting them to the local rural context. This results in a duplication of time and effort which further limits nursing's ability to focus on innovative and flexible approaches to support practice.

The continuous/consistent presence of strong clinical leaders is needed as it is a crucial ingredient in sustaining innovation (MacLeod, 1999). The need for on-site clinical leadership alongside locally relevant and rurally-focused practice resources has been recognized for decades, and investment in this area could better support innovations and nurses, especially new practitioners (MacLeod, 1999).

Principle 4: Supporting Team-Based Approaches

Services will be delivered in a team-oriented, integrated way.

Nursing is a collaborative profession, which complements the current direction of government to embrace a more team-oriented, integrated approach to health care. Nursing schools across the province incorporate content around team-based care within their curriculums, however, there continue to be challenges in moving this into practice including in rural and remote settings, due to the recognition that each practice context comes with its own specific

knowledge and needs. Nevertheless, team-based care is critical in delivering care across the spectrum, specifically in primary and community care.

Challenges and Barriers to Supporting Team-Based Approaches

a) Lack of Alternative Funding Models

As highlighted in the Select Standing Committee on Health's 2017 report, some good examples of team-based care exist in pockets across rural and remote B.C. The report notes that "interdisciplinary teams increase capacity of existing providers by allowing care to be shared and distributed amongst several providers" (Select Standing Committee, 2017, p. 21). At the same time, B.C. is grappling with many barriers to team-based care, and this is evidenced by the challenges the province has faced in integrating and utilizing nurse practitioners.

One of the biggest barriers inhibiting nursing's ability to fully engage in interprofessional team-based care is that alternative funding and compensation models for nurses and nurse practitioners are non-existent. Specifically, the fee-for-service model continues to be a significant barrier in integrating nurse practitioners within the system. For nurse practitioners who are already integrated into the system in rural and remote communities, lack of funding to support administrative tasks, reliable locum services, and access to continuing education are key challenges that continue to impact their ability to provide team-oriented and integrated care.

Principle 5: Cultural Safety

Individuals will be treated in a respectful and culturally safe manner.

Providing culturally safe care is everyone's responsibility. While it is important for nurses to have the knowledge and skills to provide culturally safe care to all patients, the needs of Indigenous peoples in rural and remote areas are distinct. In B.C. 11.3 percent of the rural population self-identify as Aboriginal (MOH, 2015b). Indigenous peoples have a holistic view on health, and nurses who have historically practiced in these communities, especially Indigenous nurses, have been vital in understanding these views. Nurses have the knowledge and skills to provide culturally safe care when provided with adequate education and support (MacKinnon & Moffitt, 2014; Stewart et al., 2006).

Challenges and Barriers to Supporting Team-Based Approaches

a) Cultural Safety Training and Education

An updated documentary analysis by Kulig et al. (2016) showed that many recent publications around Indigenous nursing practice have focused on two main themes: including the education of Indigenous peoples in nursing, and the acknowledgement and incorporation of cultural competency and cultural safety by all nurses in the care of Indigenous peoples. Currently, education, training and support for nurses around culturally safe practice is fragmented and in many areas, non-existent. While programs such as San'yas Indigenous Cultural Safety Training developed by Provincial Services Health Authority (PHSA, 2017) are available, nurses are often not supported by employers with time and funding to complete the training. As indicated in ARNBC's 2014 submission to the Select Standing Committee on Health, many nurses (Indigenous and non-Indigenous) often find themselves in conflict because of uncertainty within the Indigenous community about the role of the registered nurse. Further, nurses also struggle to provide advice to individuals on issues they are not familiar with, or have never seen.

In many rural and remote communities in B.C., Indigenous health navigators/nurse navigators have been instrumental in supporting the specialized needs of Indigenous patients. However, because all nurses practicing in rural and remote B.C. have a responsibility to integrate cultural safety into their practice, greater investment in continuous education and practice supports is needed. In 2017, all 23 B.C. health

regulators declared their commitment to making the health system more culturally safe for Indigenous peoples. By signing this declaration, the College of Registered Nurses of British Columbia has committed to actions and process to embed culturally safe practices in nursing regulation (CRNBC, 2017).

b) Recruitment and Retention of Indigenous Nurses

Indigenous nurses are well-positioned to improve the health of Indigenous communities. However, the recruitment and retention of Indigenous nurses continues to be an issue, with less than one percent of nurses in Canada identifying as Indigenous (Vukic et al., 2012). As indicated in ARNBC's position statement around Indigenous leadership capacity and engagement, increasing the number of Indigenous nurses in the health care system would have multiple positive impacts including improving access and continuity of care among Indigenous peoples, increasing community self-sufficiency and self-determination, as well as reducing turnover rates within rural and remote Indigenous communities (ARNBC, 2017; Conference Board of Canada, 2015). Focusing on recruitment and retention of Indigenous nurses is key and should go hand-in-hand with ensuring health care services are culturally safe in rural and remote B.C. (TRC, 2015).

Principle 6: Close to Home

Services will be provided as close to home as possible. As services become increasingly specialized, quality and sustainability become balancing considerations.

Many British Columbians living in rural and remote areas are required to leave their homes and communities to access care. As the only health professional in many rural and remote communities, nurses recognize the need to provide services closer to home, whether individuals are seeking maternity services or supports for seniors to age in place.

A unique characteristic of rural and remote nursing is the multidimensional linkages that nurses have with their communities, and the local expertise they have in all aspects of rural and remote living. While nurses have historically had the skills and knowledge to provide a vast range of services, with the increase in medical knowledge and increasing specialization, it has been increasingly difficult to maintain a critical base of knowledge and mass of skills. The ability to maintain specialized knowledge and skills in remote communities will continue to be challenging. Services outside of referral hospitals should not be conceptualized as outreach extensions but instead be seen as an extension of local health care resources. Both the acute care and community care sector are equally vital in sustaining a healthy population, and services within the community play an important role in ensuring British Columbians living in rural and remote communities have access to a comprehensive list of services.

Challenges and Barriers to Supporting Team-Based Approaches

a) Inadequate Education, Practice Support and Scope

The requirement for rural and remote nurses to practice as generalists while maintaining specialized knowledge continues to be difficult to meet. Specifically, nurses practicing in remote communities describe their generalist nursing practice as demanding and highly intensive as they are required to have a wide range of knowledge and skills in health promotion, illness prevention, medical diagnosis, treatment of illness and injury, and on-call responsibilities (Martin-Misener et al., 2008). Further, issues around reduced or inexperienced staffing act as barriers to their ability to ensure health care can be provided closer to home.

Nurses within rural and remote communities face inequitable access to education due to a variety of factors such as inadequate communication systems, limited staff replacement, and limited resources within health facilities (Penz et al., 2007). Rural and remote nurses often report that their continuing education needs are not met, because education opportunities that are seldom accessible, flexible, efficient, or relevant (Pearson & Care, 2002). In a study conducted around the development of the post-RN rural acute care certificate program, nurses indicated several key areas that were important for a post-basic rural nursing curriculum including: health assessment, triage, nurse managed care and treatment of common and predictable health

problems, Indigenous health, care of older persons, perinatal care, critical care, trauma and emergency care, chronic disease management, palliative care, wound care and mental health and substance use (MacLeod et al., 2008a).

Misener et al., (2008) and Tarlier and Browne (2011) note the need for remote nurses to be well prepared with the knowledge, skills and clinical decision-making abilities required safe, equity-oriented primary care, especially when addressing the needs of people living in rural and remote Indigenous communities. Nurses who are often the only primary care providers in remote communities need the practice and organizational supports to enable them to adequately address the issues they encounter.

Northern Health's Palliative Care Strategy (Northern Health, 2015).

Recognizing that most people wish to die at home, Northern Health has established primary care homes which are supported by interprofessional teams working towards greater coordination and integration including support for a palliative approach to care. Nursing has a major role in leading these models that enable care closer to home. The interprofessional teams can be led by nurse practitioners who work collaboratively with the primary care providers (e.g., nurses, support workers, volunteers, family, etc.) The integrated professional teams are further supported by a Northern Health Palliative Care Consultation Team, who provides leadership in the development of clinical palliative care resources

Discussions around remote health care also need to broaden beyond access to single, isolated episodes of care, to include access to continuous care and management. For example, much of the discussion concerning maternity services in rural and remote areas focuses solely on intrapartum care, with little to no discussion of the needs of women pre- and post-partum. Various mechanisms could be put in place to enable greater local management, whether that involves increasing investment for nurse practitioners in remote areas, offering continuous and reliable education and support for remote registered nurses, or all of the above, which would require removal of existing legislative barriers and practice barriers such as the restricted activities list.

b) Inability to Bring Care to Communities

While maintaining skilled teams in high volume locations is beneficial for skills maintenance, there is also a need to be able to move this skill set to rural and remote patients when required. While this continues to be a key challenge in rural and remote B.C., there are many models that exist in other jurisdictions that illustrate how nursing can lead and provide services closer to home. Models such as mobile medical units or roving medical stations are generally staffed by nurses and physicians and can relocate daily. In Manitoba, mobile clinics are buses which are designed to be primary care clinics and are staffed by registered nurses and nurse practitioners who provide on-the-spot primary care for those living in some of Manitoba's smaller, underserviced communities (Government of Manitoba, 2017). Saskatoon Health Region uses mobile health buses which are designed to provide primary health care to individuals who are geographically, socially, economically and/or culturally isolated, and are staffed by nurse practitioners and paramedics (Saskatoon Health Region, 2017).

c) Lack of Appropriate Technology

The role of nurses in leading telehealth and other forms of technology is an emerging area of practice. Providing telehealth is well within the scope of registered nurses as per the College of Registered Nurses of B.C. (CRNBC), and includes a variety of activities including consultation, assessment and monitoring, diagnosis, treatment, transfer of information, client education, and professional development (CRNBC, 2017). Beyond greater access to telehealth, there is also a need to explore how nursing can enable greater use of technology among other members of the health care team, and with patients. This has been echoed in the Nursing Policy Secretariat's priority recommendations, which articulates the need to increase access to technology for nurses in rural and remote settings to promote access to better levels of care (MOH, 2018).

As the most frequent and often only health care provider in rural and remote communities, nurses are well positioned to lead telehealth which can support care closer to home. However, it is important to note that telehealth should be used to enhance not replace existing health care services.

Telenursing should be further explored as an option to support care closer to home. Through telenursing, nurses in remote and rural communities may have greater capacity to provide timely and equitable access to care, whether they are triaging health concerns, engaging in health teaching, or consulting with other care providers (CRNNS, 2017). The expansion of technology requires support from both government and health authorities. Nurses are vital to the decision-making process and the creation of workable solutions. Further, barriers such as internet access and high costs related to technology need to be addressed. Scope of practice around nursing referral to specialist and prescriptive authority could also be explored to enhance the effectiveness of technology.

Enhancing Rural and Remote Nursing Practice to Enable Patient-Centred Practice

As indicated in the Ministry of Health's Rural Health Services Policy paper, the rural specific service delivery principles will guide how rural services are "planned, designed and implemented in B.C." (MOH, 2015b). Nursing will be vital in contributing to the implementation of these service delivery principles despite the fact that nursing expertise has not been, and is not always considered. Many current barriers to rural and remote practice do not enable patient-centred nursing practice. If rural and remote nurses are expected to meet population health needs, provide flexible and innovative solutions, practice optimally in teams, enable care closer to home and provide culturally safe care, systemic changes must be made.

While financial incentives can help recruit and retain nurses in rural and remote areas, nurses indicate that they would stay if provided with greater opportunities to continuously update their skills and knowledge based on changing population health needs, better support for their nursing practice, and greater ability to practice to full scope (Jonatansdottir et al., 2017). All of these factors impact nurses' satisfaction with practice, which has been found to be an important influence on rural nurses' intention to leave their position (MacLeod et al., 2017). In order to deliver high quality patient-centred care in rural and remote B.C., nurses must be better supported in their practice.

Optimize RN and NP Scope of Practice

Nurses who are able to optimize their scope can positively impact the health outcomes of British Columbians through increased access to care. However, many rural and remote nurses across B.C. find themselves unable to provide the care they are educated to deliver, despite their ability, knowledge and skills. This is a result of barriers in optimizing scope including limited resources and support offered when compared to their urban counterparts. In order to be able to respond to the changing population health needs, be flexible and innovative, and provide care closer to home, nurses need to be supported to utilize their full scope.

Recommendations for B.C.:

- Acknowledge the role and practice contexts of rural and remote nurses (e.g., multi-specialist generalists) and provide continuous funding and locum support for on-going accessible post-graduate rural and remote education and training for practicing nurses.
- Shift the culture of nursing regulation from one that emphasizes restrictions and limitations to one that focuses on trust and flexibility by:
    - Recognizing the variation in competency, skills, and knowledge among nurses and enabling them to practice to full scope based on their demonstrated ability.
    - Recognizing that nurses understand and can be supported to understand limits within their scope of practice, and when referral to another health care provider is necessary.
- Work with the Nursing Policy Secretariat to optimize the scope of rural and remote nurse practitioners (e.g. prescribing medications such as antiretrovirals).
- Work with the Nursing Policy Secretariat to optimize the scope of registered nurses in rural and remote communities (e.g. prescribing, compound, and dispensing Schedule I and II medications for specific conditions, order routine lab tests and diagnostic imaging, discharge, suturing, etc.).
- Work with health authorities and employers to better support nurses and nurse practitioners in enacting full scope through practice supports, employer policies and ongoing education.
- Work with health authorities to provide rurally relevant, responsive supports in practice settings to enable nurses to enact their full scope of practice. Specifically:
    - Provide resources to support greater on-going and sustainable clinical leadership.
    - Increase capacity to provide peer and professional support and mentorship while in practice.

  - Develop and expand virtual practice support for rural and remote practitioners.
  - Build regional networks or communities of practice to support rural and remote nurses and nurse practitioners.
  - Build and/or adopt rurally relevant, robust decision support tools, clinical packages and guidelines.
  - Create distance-friendly, responsive management structures and processes.
- Build structures and develop policies that optimize nurses' use of technology (i.e. telehealth and telenursing) in order to enhance the consultation, delivery, and referral practices of rural and remote nurses.

Enhance Rural and Remote Registered Nursing Education/Continuing Education/Professional Development

Rural and remote nurses are often required to have a skill set that is much broader compared to their urban counterparts. However, there are many difficulties in ensuring that nurses who are required to practice as 'expert-generalists' have the education, skills and support to care for the changing needs of the population.

In B.C., some nurses who work in rural and remote communities practice as generalists with additional specialty training (e.g., Remote Nursing Certified Practice) in the areas of health assessment and RN First Call, chronic disease management, palliative care and wound care, seniors care, perinatal care, emergency and trauma nursing, and mental health and substance use (UNBC, 2017). In 2017, over 10 percent of rural registered nurses in B.C. held a rural and/or remote certificate (MacLeod et al., 2017).

Recommendations for B.C.:

- Work with the Nursing Policy Secretariat to discuss the current and future entry to practice expectations/requirements of rural and remote nurses; and the educational models required to support competent practice.
- Work with the Nursing Policy Secretariat to increase access to rural and remote education, including certified practice education for registered nurses.
- Work with the Nursing Policy Secretariat to examine changes required within rural and remote certified practice to align education with the current and future needs of rural and remote communities.
- Continue to support and fund the Employed Student Nurse Program within rural and remote communities.
- Create greater mechanisms to support a sufficient introduction into practice for nurses and nurse practitioners, with a particular focus on the extensive supports needed within the context of rural and remote health (e.g., consideration of extended preceptorship/mentorship programs, residency programs, etc.).
- Provide incentives for nursing mentors and work with health authorities to build mentorship capacity.
- Remove barriers for rural and remote nursing student placements.
- Work with rural and remote educational institutions and invest in FTE nurse educators.
- Government funding for rural interdisciplinary education support.
- Work with schools of nursing to explore rural and remote courses and nursing tailored experiences for students outside of rural and remote areas, and explore "swapping processes" for clinical placements with urban and rural nursing schools.
- Work with nursing organizations and health authorities to establish a strategy that enables rural and remote nurses to complete continuing education while ensuring staffing needs and patient care is not compromised.
- Invest in, and expand distance continuing education, simulation and professional development opportunities.
- Work with First Nations Health Authority (FNHA) and NNPBC Indigenous Health and Nursing Policy Table to create on-going accessible support and education to enhance culturally safe care.

Support Nurse Practitioner Integration and Practice

Nurse practitioners practicing in rural and remote areas are often expected to work to a similar scope as general practitioners. However, nurse practitioners practicing in these communities currently lack access to many types of supports that could enhance their ability to meet changing population health needs and shared cared. While more nurse practitioners would like to practice in rural and remote communities, the lack of flexible funding mechanisms creates significant barriers to enable this.

Recommendations for B.C.:

- Establish a clear and flexible funding model for nurse practitioners in rural and remote primary care settings.
- Work with the Health Authorities and the Nursing Policy Secretariat to establish nurse practitioner interprofessional primary and community care centres or clinics that offer a comprehensive suite of services in rural and remote communities.
- Carry out recommendations put forward in BC Nurse Practitioner Association's (BCNPA) discussion papers Primary Care Transformation in B.C.: A New Model to Integrate Nurse Practitioners (2016), and Specialized Services: Nurse Practitioners Collaborating to Improve the Continuum of Care (2017).
- Provide nurse practitioner specific funding to enable the delivery of primary care in rural and remote communities. Specifically, funding should support:
    - Recruitment and retention initiatives
    - Continuing education that meet self-identified needs
    - Reliable locum services
    - Administrative supports

Invest in Rural and Remote Nursing Research and Knowledge Translation

Recommendations for B.C.:

- Work with other jurisdictions towards establishing unique identifiers for all nurses in Canada in order to support rural and remote nursing research.
- Invest in knowledge creation and translation with a focus on rural and remote nursing. For example, rural and remote specific implications related to the overdose crisis, transgender care, or chronic disease management.
- Work with nursing organizations to establish best practice guidelines that support decision making among nurses in rural and remote communities working in areas with low patient volume and limited resources.
- Develop strategies and dissemination pathways throughout the province to share best practice guidelines that have been appropriately tailored for rural and remote practice.

Support Nurses in Contributing to the Health and Well-Being of their Communities

Recommendations for B.C.:

- Recruit and retain nurses through community linked initiatives.
- Identify solutions that support healthy communities, and work with nursing educators, nursing organizations and community organizations to identify ways to utilize rural and remote nurses in addressing the social determinants of health through intersectoral collaboration.

- Work with the three pillars of nursing (college, union, and association) and health authorities to support fitness to practice, the health and well-being of nurses, and their work environments in order to foster healthy communities.

Champion Rural and Remote Nursing Leadership

Recommendations for B.C.:

- Work with the Nursing Policy Secretariat to establish a structure to bring forward practice, education, regulatory, policy and research expertise that focuses on rural and remote health service delivery.
- Work with the Nursing Policy Secretariat to establish mechanisms to facilitate greater access to advance and maintain nursing expertise in rural and remote practice.
- Support education and development of rural nursing leadership
- Continue the NNPBC Rural and Remote Policy Table to support rural and remote nurses at a policy level.
- Support nursing leaders to provide input on expanding rural and remote nursing scope of practice.

Expand on this work to include challenges and recommendations for rural and remote LPNs and RPNs.

Recommendations for B.C.:

- Expand this document to include LPNs and RPNs.
- Use the newly formed NNPBC to develop collaborative strategies to engage the entire nursing workforce in advancing rural and remote health.

Conclusion

Significant changes need to be made to improve the health outcomes and health care options for British Columbians living in rural and remote communities. Nurses who live and work outside of urban centres have a different type of practice and a different perspective on their community than those who work in a city environment. Individuals who live in rural and remote communities have a much better understanding of the value of the nurses who are often the 'only show in town' when it comes to accessing health services, and they also recognize that a nurse from a small community is always nursing, because the opportunity to put on jeans and be unrecognizable as a health care professional is impossible. The knowledge, expertise and lived experience of these rural and remote nurses needs to be the driving force behind the required changes to rural and remote health care delivery.

Nurses have a deep sense of pride and connection to the communities where they live and work; and they are uniquely positioned to provide expert advice and recommendations that can have significant impact the health and well-being of rural British Columbians. Working towards patient-centred care cannot be accomplished without addressing some of the key issues that nurses face. In order to ensure that rural and remote health is delivered based on population health needs, shared responsibility, flexibility and innovation, team-based approaches, and that services provided care culturally safe and close to home, greater investment in improving and enhancing nursing practice is required. Nurses know better than anyone where the challenges exist and how to make significant steps towards improving the lives of patients, nurses and communities. Now is the time for action and planning so that patients living in the far reaches of British Columbia can have the supports they need to achieve health outcomes that are equal to their urban counterparts.

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