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Proposals for improvement of emergency rural health care

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A B S T R A C T

Universal healthcare coverage is a right, and that includes emergency health care. The community expects such requirements to be within their reach, including all human and technological resources necessary for rapid and high-quality health assistance in an emergency. Access to and delivery of emergency care in rural areas is recognized as more difficult than that in urban areas. In this report, following the EURIPA meeting in June 2004, the authors determine the problems of dealing with emergencies in the rural healthcare context, and also make proposals for improvement.

Key words: emergencies, rural emergency care.

Introduction

Universal healthcare coverage is a right, and that includes emergency health care. The community expects such requirements to be within their reach, including all human and technological resources necessary for rapid and high-quality health assistance in an emergency. Access to and delivery of emergency care in rural areas is recognized as more difficult than that in urban areas. This paper summarizes the discussion that took place during the EURIPA Day Meeting (Belgrade, June 2004).

EURIPA declaration and some barriers to effective rural emergency care

Despite the fact that EURIPA has its own 'Declaration on Rural and Emergency Care' (Fig 1), the authors have submitted some additional proposals to assist in overcoming the major barriers to emergency healthcare in rural areas (Fig 2), in order to complete the Declaration.

- The pre-hospital care of accidents and medical emergencies is an integral and vitally important part of rural health care.
- People living in rural areas have no less a right to effective high quality care for medical and trauma emergencies than urban residents.
- There is evidence that lack of confidence in coping with emergency care, due to insufficient preparation for the role, is a significant factor inhibiting recruitment to rural practice.
- EURIPA recommends that training in pre-hospital care should be an essential component of preparation for rural practice, should begin at undergraduate level, and should continue throughout professional life.
- Established rural practitioners should be supported in providing emergency care throughout their careers through regular locally accessible training, and provided with the necessary specialist equipment. As teamwork is an integral part of emergency care, training should be multidisciplinary, and equipment standardised.

Figure 1: The EURIPA Declaration on Rural Emergency Care

Health barriers
- Lack of specialists
- Greater problematic access
- Health care delivery to several dispersed settlements
- Larger distance to hospitals
- Larger distance to specialized care
- Less health education and promotion
- Greater prevalence of chronic diseases
- Less time for assistance (hypersaturation)
- Need of resources for out-of-hours work time
- Closed appointment lists
- Long waiting lists for diagnostic tests or specialized consultatinos
- Less communication between specialized and primary care

Social barriers
- Isolation
- Reduced sophistication, education and wealth
- Difficulty of informational access to the community
- Lack of social consciousness
- Prevalence of older patients
- Fewer resources of all kinds

Figure 2: Barriers to effective rural emergency practice (vs urban)

Future of emergency health care in rural areas

The 20% of the European population that comprises the rural community needs special management of emergency health care, different from what is available in urban areas. Due to long distances to hospitals and other specific barriers (Fig 2), special primary care consideration and health promotion is needed.

To show the way ahead, the authors believe that more is needed than the previous recommendations. For that purpose, we have now completed the EURIPA Declaration by adding the following 'problems and proposals for improvement'[1-12] (Table 1):

Table 1: Problems and proposals for improvement

Problem	Proposal
Rural care (and also emergency care) in most European countries have special difficulties: – The lack of specialists – Problematic access – Each Health Center provides care to several diverse settlements – There is a larger distance to hospital and specialized care – There is a greater prevalence of older patients with chronic diseases – A need to reinforce human resources for out-of-hours work time. Because of these and other variables, it is clear that emergency rural care must have its own model, and it must be different from the urban model.	Emergency care in rural communities must be provided by Primary Care. In order to achieve that, Primary Care must be equipped with the best physical, material and human reinforcements, 24 hours per day, 365 days per year.
Isolation: the barrier of long distances to health centers, emergency centers and hospital care.	All emergency out-of-hours centers should be placed in Primary Care Health Centers. These centers must be located in the settlement offering the greatest accesibility, the greatest density of population and an intensity of natural advantages. Such a center should provide care for a community of not more than 20 000 population, and the time distance for the most remote patient should not exceed 20 min. Hospitals should not be more than one hour in distance, and medicalized ambulances that are intensive care equipped should not be more than half an hour distant.
The health barriers to emergency care include: GP's closed appointment lists, and waiting lists for diagnostic tests or specialized consultations.	Improvement in resources of all kinds: professionals to foster primary care, improved transportation and specialized consultants.
The dominant social culture: everything must have an inmediate solution, always using technology, without pain or annoyance, or thought of resources use that they will cause a reduction of resources for others (a certain lack of social consciousness).	Long-term political campaign to foster social consciousness by individuals and health agencies, targeting health policies, health education and mass media campaigns.
Lack of health education and health promotion.	Encourage self-care, and to educate patients to distinguish the difference between important and trivial health problems.
The lack of time for assistance (hypersaturation).	Increase human resources, build spare time into appointment lists for emergencies.
The difficulty of access to information in the community.	The availability of Emergency Coordination Centers, emergency telephone numbers (112, 061, 062, 091, 092, 999... and this number must be the same for all countries!).
Communication between specialized and Primary Care: for the continuity of all kinds of care, but also fundamental to the management of rural area emergencies.	There should be established: – An association of hospital and primary care with the Emergency Coordination Centers. – Development of educational

	– programs both in and out of the hospital. – Mutual knowledge of organizations and resources. – Management systems to improve the continuity of assistance, and to slow down inappropriate use of hospital services. – Communication technologies between both levels (telephone, informatics, telemedicine, electronic medical files). – Adaptation of delivery protocols to the each individual area. – The exchange of bureaucratic information.

Conclusions

One in five persons dwell or work in a rural environment in the new European Union Region. The European rural community has its own characteristics: older patients, a lower socioeconomical status, isolation, and others factors. These facts reinforce the notion that rural health care – and specifically emergency care – needs its own management, and that this must be improved.

Due to the barriers to access and delivery in rural areas, investment in resources of all kinds (human, material, social) is needed in order to provide the same efficient care as in urban areas.

Primary health care has been demonstrated to be the most cost-effective system for rural care. Even though some hospitals are located in rural areas, emergency care policies should foster delivery of emergency care in primary care centers. Policies for emergency care should also foster specific medical emergency care education for health professionals.

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