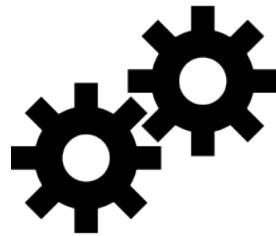


# SUMMIT ON RURAL SURGERY AND OPERATIVE DELIVERY:

*Spanning the Boundaries*

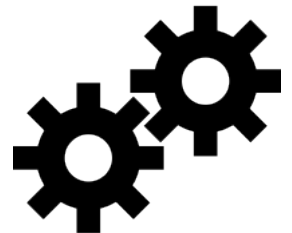
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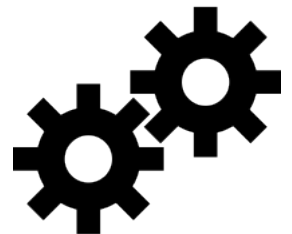
Dr S Iglesias, Banff, January, 2016

# Overview

- The road to Banff (how we got here)
- Reframing the question(networks vs silos)
- Lessons Learned from 2 decades
- Today's Questions

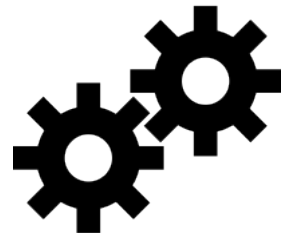


- Chiasson and Roy, CMAJ, 1995 “Role of the general practitioner in the delivery of surgical and anesthetic services in rural western Canada” (*CMAJ* 1995;153)



# Programs were closing!

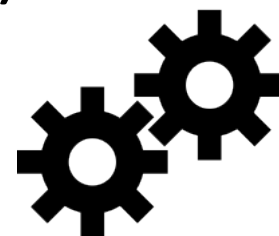
- **Technology** (MIS, Imaging)
- **Specialization**, rather than Generalism
- **Volumes**
- **Administration** of an increasingly complex and costly health care system
- **Training** (*especially the generalist GS and the ESS FP*)



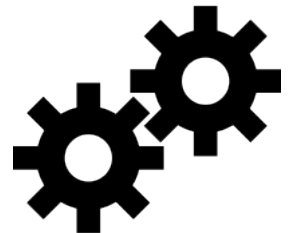
- **SRPC** (St John's, 1999) - Advanced Skills in Rural Canada:

“The SRPC, CFPC and RCPSC form a working group to move the issue of advanced skills toward a *national consensus conference*. “

- **SOGC**: Joint Position Paper (1998), Training for C/S (1999) Returning Birth to First Nations, Rural, and Remote Communities: 2010)

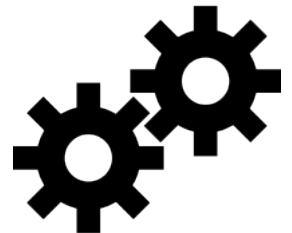


- **CAGS** Can J Surg “demise of the generalist General Surgeon” (Pollet, Inglis, Harris)
- **RCPSC** *The Future of General Surgery* (2014) ...strong support for generalism, for the “rural imperative”, and for training suited to anticipated practice needs
- **CFP** The Rourke Report ( 1999)  
Community of Practice (CoP) section of Enhanced Surgical Skills with a promise of credentialling ( CAC).



# Chasing the Consensus

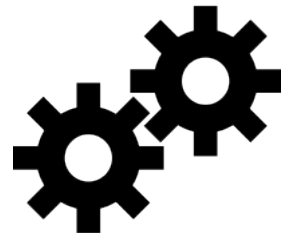
- Maternity Care: *Close to home* is important (chaos introduced by the obligation to travel) Collaboration between CFPC, SOGC, SRPC
- Surgery : **impasse** between specialist surgeons and rural family physicians



# Chasing the Consensus

**Specialists:** “Safer care trumps everything.”

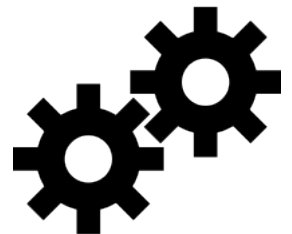
**Rural Physicians:** “There are unintended consequences of travel to patients, including loss of local access to trauma and maternity care, which are underestimated.”



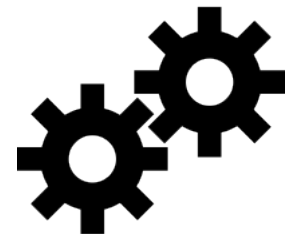
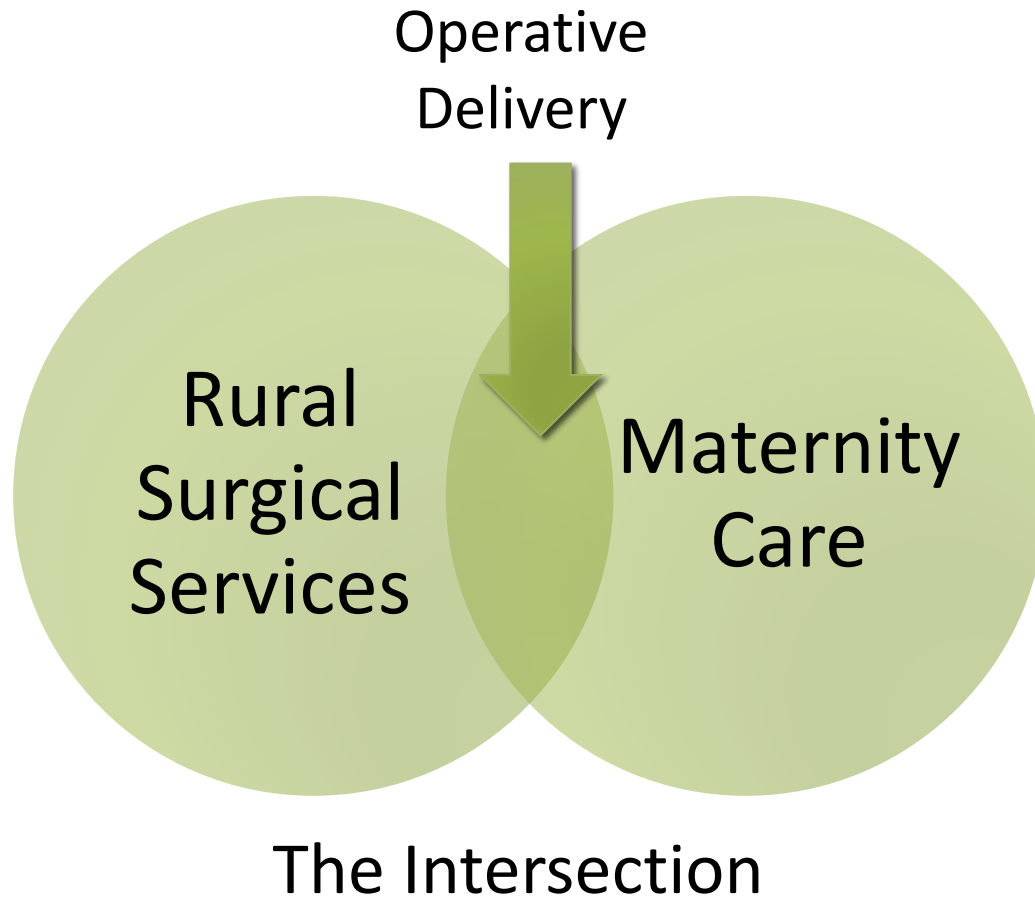


## How Did It Work?

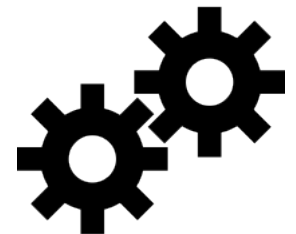
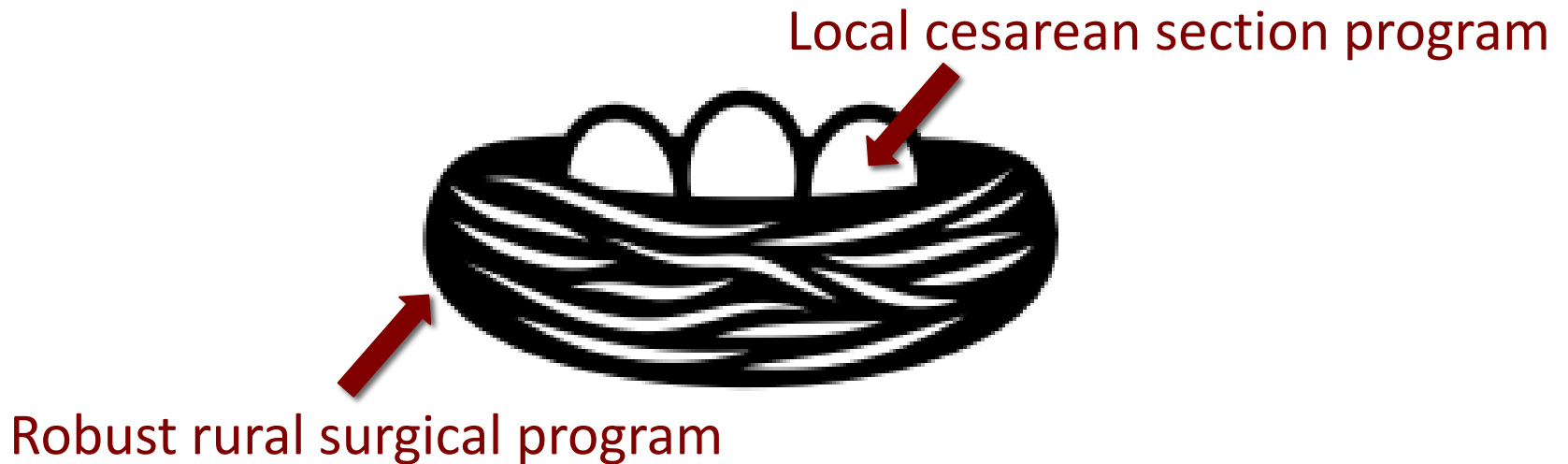
- 15 years of significant attrition of *both* the maternity and surgical programs.



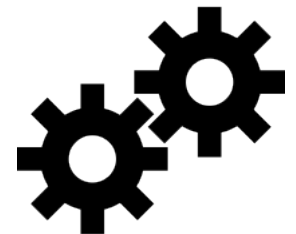
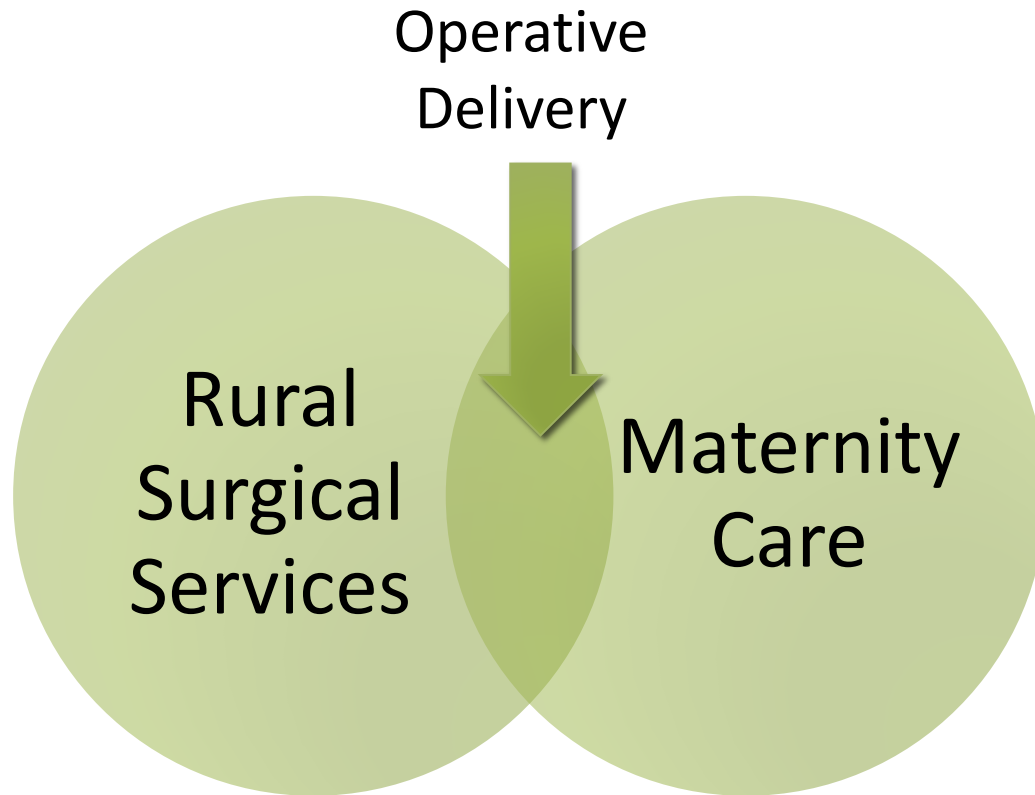
# What happened?



- A small volume C/S service is **unsustainable** unless nested in a robust local surgical program



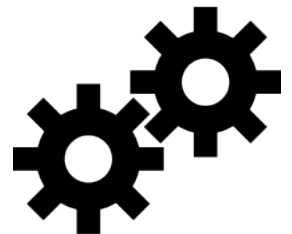
# It's the Surgery!



# Breaking the Impasse: Reframing the Surgery Question



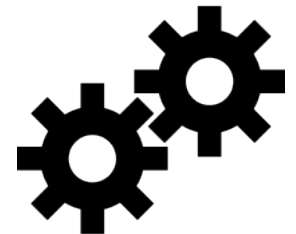
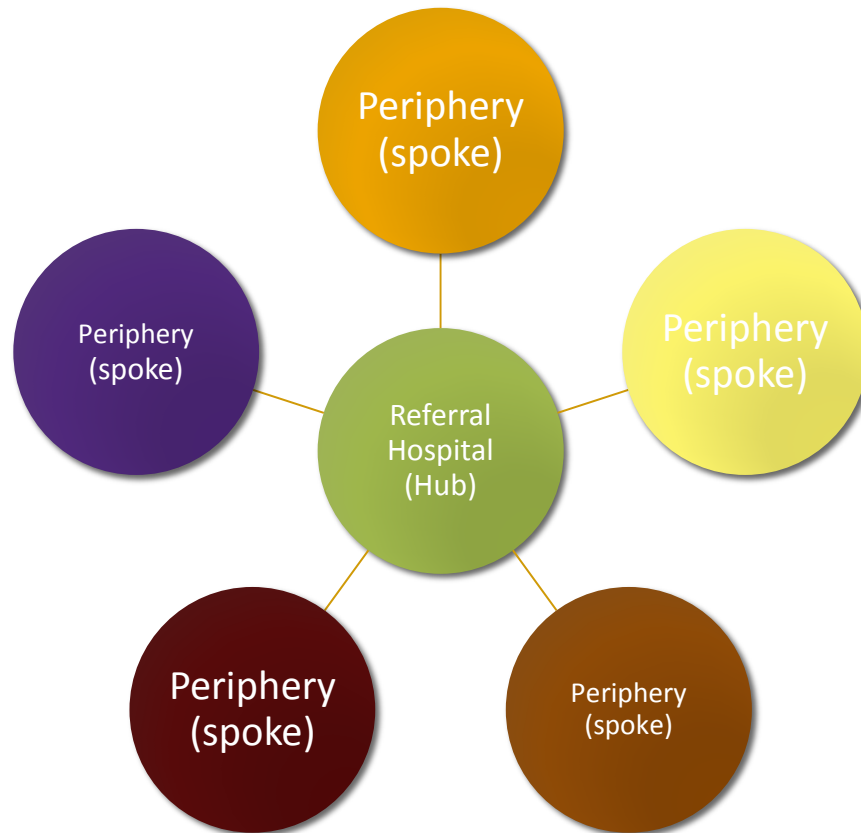
Networks NOT Silos



# The Network Model of Care

## “Hub and Spoke”

Queensland Government: A Definition of rural model of health service delivery: hub and spoke model. 2010



# Networks

- Networks are about *relationships* between specialist and generalist care providers within a larger community of practice that includes all the stakeholders.
- Networks are about different professional groups invested in providing optimal patient care in shared CQI activities in which all are accountable for the quality of our work and the outcomes of our patients within a culture of patient safety.

# Reframing the Question: Networked Care

FPESS: outcomes for surgical care for rural patients will improve with the integration of specialist surgeons into both the delivery and the respectful leadership of rural surgical Networks.

SPECIALIST surgeons: the reach and scope of specialist services to rural patients will expand and population health outcomes will improve with the preservation of local ESS providers.





# Lessons Learned I: We are all connected!

- Maternity and Surgery
- FPSS and Specialists
- Obstetricians and Surgeons
- CFPC and RCPSC

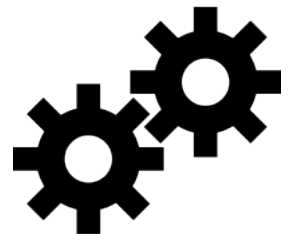


- *We move together or we don't move at all*

# Lessons Learned II-Networking Group

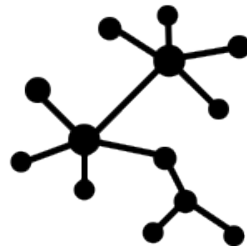
## A Forum for Working Together

- Whistler, R&R, 2012, hosted by RCCbc, convened by SRPC
- Chair/ Coordinator Bob Woollard (RCCbc)
- RCCbc facilities in Vancouver
- Grants ( One time \$10,000 from each of RPAP, RCCbc, and CORRP, plus 5000\$ from SRPC)) ( total 35,000\$)



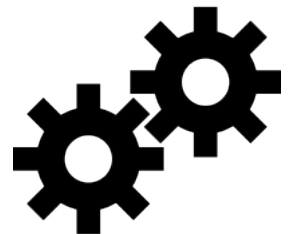
# Questions/Workshops: NETWORKS

- How do we engage a specialist workforce that is deeply skeptical about quality and safety?
- How do we ensure quality and safety?
- How do we evaluate outcomes from Networked Care, including the impact on maternity care and trauma?



# Credentialing and Privileging

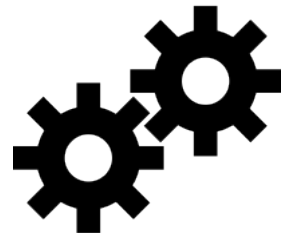
- The rules for different professions to play nicely together
- Intractable problems at the coalface in rural communities with credentials granted from programs accredited in one College (CFPC) not acknowledged by specialists from another College (RCPSC)



# Focused Skill Set in Operative Delivery (ESS OB)

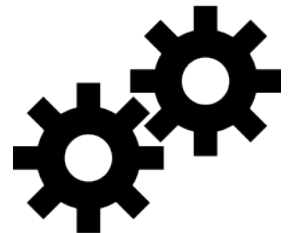
- Left behind by the present movement to train FPSS in nationally accredited programs with a standardized curriculum and credentials.

*No access to C/S training in AB*



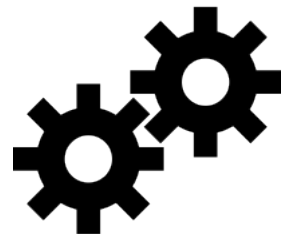
# Organization

- Collaboration and Advocacy
  - **A forum to continue the efforts of the Networking Group**
- Accreditation and Training Programs
  - **Should the CFPC and RCPSC collaborate on joint accreditation for the ESS training programs ?**



# WORKSHOPS and PLENARY

Specific, concrete answers to the  
questions



“Boundary spanning is reaching across borders, margins, or sections to 'build relationships, interconnections and interdependencies' in order to manage complex problems.

Boundary-spanning organizations create 'strategic alliances, joint working arrangements, networks, partnerships and many other forms of collaboration across organizational boundaries.’”

PHBA (Promoting Health Across Boundaries)

<http://www.phab.us/about/what-is-boundary-spanning/>

Williams, P. The Competent Boundary Spanner. Public Admin. 2002; 80: 103-124.