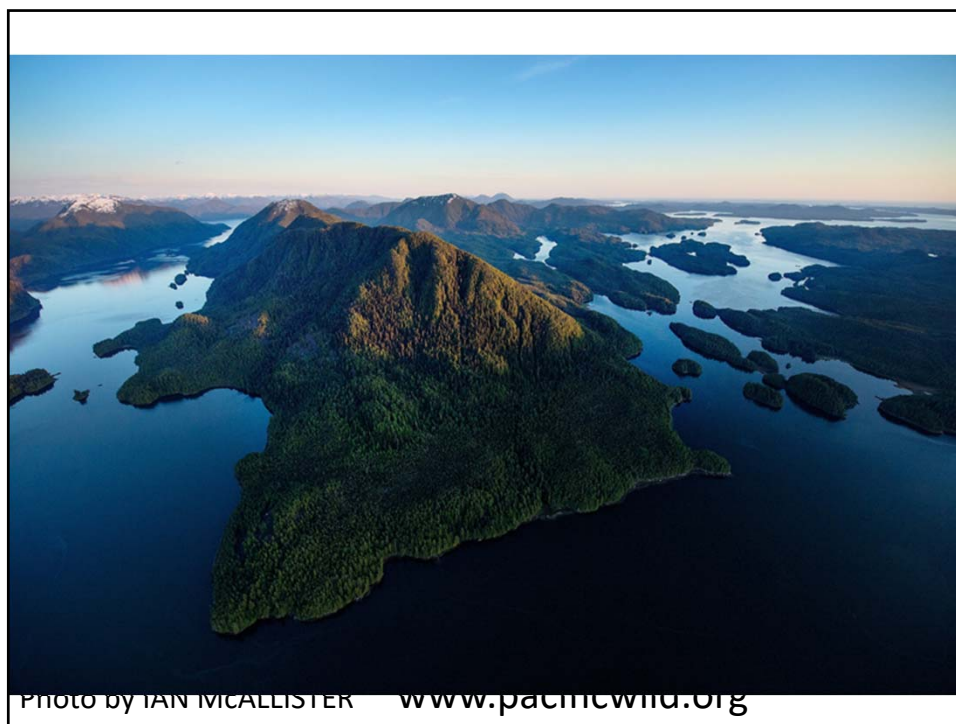


BC'S RURAL SURGERY AND OBSTETRIC NETWORKS: LOOKING FOR SOLUTIONS

The Joint Position Paper on Rural Surgery and Operative Delivery (CJRM, 2015) has offered both new opportunities and new challenges for rural surgical and operative delivery programs. Specifically, the challenges are 1) building trusting relationships, without which successful networks cannot function, between specialist and ESS surgeons 2) demonstrating the safety and quality of these low volume surgeons and programs, and 3) providing sustainable volumes and capacity in these programs. This workshop will seek interactive engagement on how the new BC RSON program has attempted to answer these challenges.

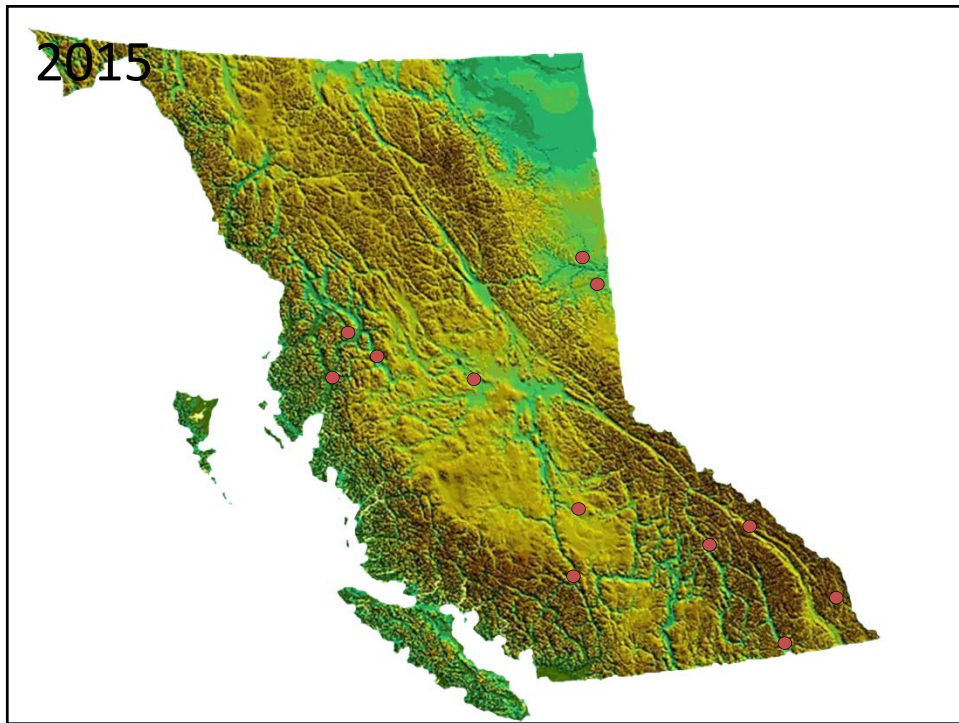
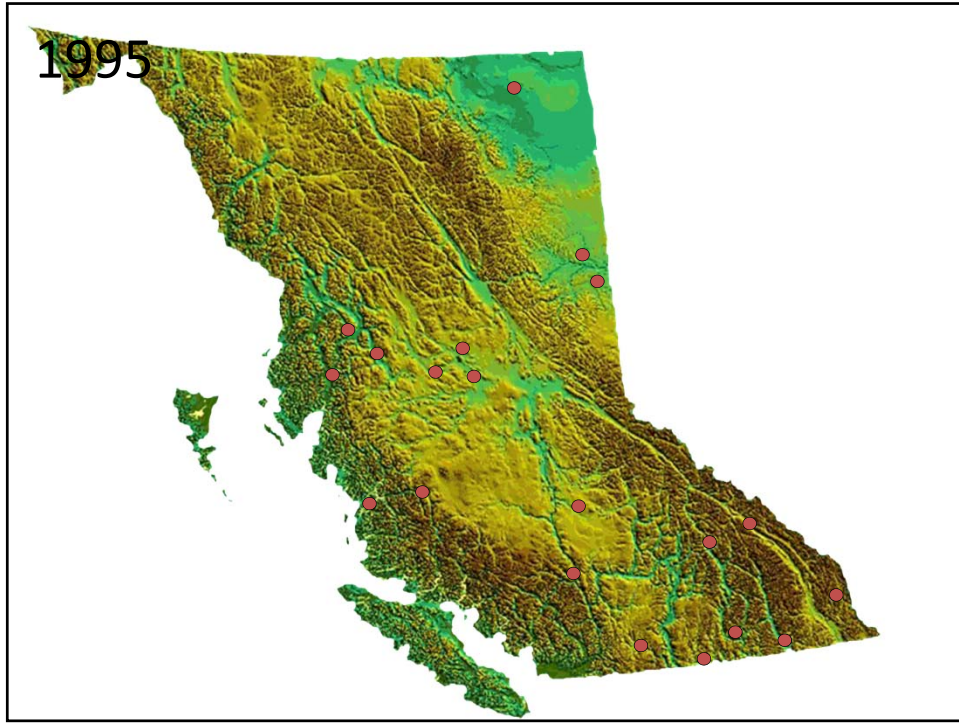
1. Participants will learn of the principles from the literature underlying successful networks
2. Participants will learn the intellectual footprint and evidence base for the RSON program
3. Participants will engage in a conversation about the likelihood of success or failure in the RSON program



BC's Rural Surgical and Maternity Networks

April 8, 2017

Rural Coordination Centre of BC
Enhancing rural health through education and advocacy
Linking community needs and policy development with the ISC

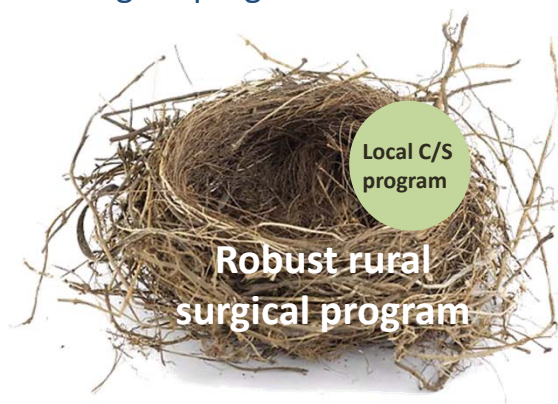


Losing the Rural Surgical Infrastructure

- Surgery, anesthesia, nursing human resources
- Blood banking
- surgical culture
 - experience with reasonably ill patients
 - team based care
- Maternity, trauma, ER, critical care, recruitment,

Rural Maternity Care - Collateral Damage?

- Local C/S is unsustainable unless nested in a robust local surgical program



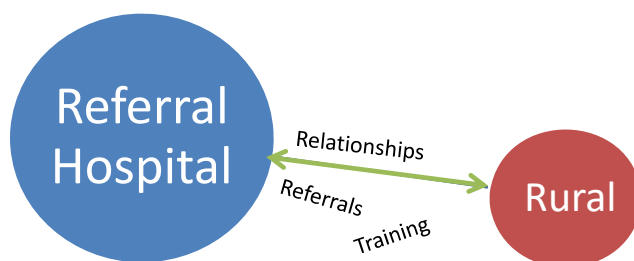
RURAL MATERNITY CARE

(and trauma, critical care, ER, etc)

“IT’S ABOUT THE SURGERY!”

NETWORK MODEL OF CARE

- A network of colleagues linked through personal and professional relationships, training pathway, and referral patterns



Rural Surgical and Obstetrical Networks

The five components:

1. Clinical Coaching
2. Remote Presence Technology
3. Continuous Quality Improvement
4. Increased Scope and Volume of Surgery
5. Network Evaluation

Clinical Coaching

- Delivered by UBC Rural CPD
- A mentoring relationship between
 - General Surgeon and GP ESS
 - Specialist Anesthesiologist and FPA
 - Regional and Rural OR Nursing
- Supported by Needs Assessment, Training, Sessional Fees, CME Credits, Evaluation, and Research

Remote Presence Technology

- Virtual shoulder to shoulder opportunities to operate together
- *Platform for Coaching, CQI, and real-time support*

Options:

1. Mobile devices with mounts and apps
2. Telehealth Towers with cameras
3. Robots
4. Google Glass

Continuous Quality Improvement

- **Coaching**, including recorded and audited surgical activities (remote presence technology)
- Regional Departments of Surgery, Maternity, including M&M Rounds (protected)
- **NSQIP-like process** to track outcomes built on an RN data collection platform
- “Best Surgical Practice” CPD program built on an RN data collection platform

Scope and Volume of Surgery

Specialist Outreach plus local ESS or GS

A threshold of surgical volume that is required for sustainability

RURAL SURGICAL AND OBSTETRICAL NETWORK (RSON)

