BUILDING RURAL SURGICAL NETWORKS:
An evidence-based approach to service delivery and evaluation

Randy Friesen, MD, FRCSC
Dept of General Surgery, PAPHR

Jude Kornelsen, PhD
Centre for Rural Health Research
Dept of Family Practice, UBC
“An adventure is only an inconvenience rightly considered. An inconvenience is only an adventure wrongly considered.”
Introductions...

- Where are you from?
- What is your role in your workplace?
- Why are you attending the network session?
Leadership

- Validates Network
- Promotes Collaboration
- Facilitates communication
- Provides support and direction
- Bridging function
- Boundary spanning*
- Fosters collaboration & Trust
Leadership

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“Boundary spanning is reaching across borders, margins, or sections to 'build relationships, interconnections and interdependencies'* in order to manage complex problems. Boundary-spanning individuals develop partnerships and collaboration by 'building sustainable relationships, managing through influence and negotiation, and seeking to understand motives, roles and responsibilities.'*

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/

Collaboration and Trust I

- Imperative characteristic
- Developed over time through clear purpose/goals/objectives
- Requires common vision among membership & leadership to articulate
- Network stability and cohesiveness relies on collaboration amongst individuals
- Reciprocity/shared benefit lead to trust
Collaboration and Trust II

- Mutual recognition of need and benefit of network
- Built through repeated interaction
- Requires all members to actively participate
- Need for RISK-FREE environment
Objectives of next 60 minutes

To develop insight into building interprofessional relationships in the context of rural surgical networks of care (with enough coherence to report back to the plenary).
Characteristics of good interprofessional relationships

• Trust
• Mutual respect
• Mindfulness/taking responsibility
• Welcoming diversity
• Open communication
How do we build interprofessional relationships?

• Attention to people skills (collaboration, communication, effective conflict resolution)
  Become a great listener
  Learn, understand and remember the things that are important to others

• Ask the right questions
  (When the time is right)

• Prioritize by allocating time

• Use ‘emotional intelligence’

• Be positive

• Avoid gossiping

• Listen actively
Building interprofessional relationships in rural surgical networks

How do we solve the impasse?
Need to Identify the underlying issues
Rural Surgical Services Network:
A Template for Health Care Delivery
NETWORK PURPOSE: (why does the network exist?)

- To meet the surgical needs of rural residents.
Network Goals: (Broad, related to the problem, focuses on outcome)
NETWORK Objectives: (actionable, measurable, provides benefit to individual members and links to overall purpose):
MEMBERSHIP: *(role-based; need for contained diversity):*

- Rural FPESS
- Rural Site Administrator
- Referral Specialists
- Referral Head, Dept. of Surgery
- Advisory person: ESS hotline?
**Roles and Responsibilities:**

Mutual responsibilities:

• attendance at meetings
• Professionalism and mutual respect
• **Mutual** disclosure
• Accountability to the Chief of surgery
• Mutual opportunities for feedback of performance (how the network is working)
Introductions...

- Humility
- Mutual respect
- *Primum no nocere* – first do no harm to the health of existing initiatives
- Eschew BLT (Avery et al)
- Celebrate the joys of create effort
- Building is more fun than whining
FORM: *(structural/organizational characteristics of the network [formal vs informal]*)

- **Administrative** Business – requires administrative thinking insight, cmns
- Setting up Communications/Sharing of Information (stopping/starting new programs)
- (1) meetings for real-time cmns (f2f) for clinical discussion, - rapid availability, 24/7, f2f  (2) education (topical),(3) accountability (review outcomes together)
RESEARCH & EVALUATION: *(On-going, process and outcome; linked to CQI)*

- Volume and scope of surgical procedures/consults in referral and rural site
- Wait times as defined by
  - Wait from initial GP encounter to Consult with local ESS
  - Consult with regional GS/OB
  - Definitive procedure
- Provider/patient satisfaction
- Outcomes pre- and post- network
- CQI (pre-network/network)
- Measures of collaborative practice
Rural Surgical Services Scenario

**RURAL HOSPITAL:**
9,800 in catchment
2 ESS physicians/3 GPAs

**REGIONAL REFERRAL CENTRE:**
105 km’s away (112 minutes)

**APPENDECTOMY REQUIRED**
Scenario A:

APPENDECTOMY REQUIRED
Scenario A Background

- Local GPESS trained in Grand Prairie after 6 years of family practice in the community.
- Had challenges getting privileges and is not working to full scope of ESS.
- ‘Hit and miss’ support from specialists in regional referral centre.

- 2 GSx and 2 OBGYN in regional referral centre;
- 2 have concerns about ESS practice in general; feel the lack of accreditation of training programs is a liability;
- Have met the surgical needs of rural residents from GPESS community previously in referral centre: would like to continue to do this.

- LHA administrator is concerned with potential costs of a rural surgical program, although recognizes the difficulty of travel for residents.
Scenario B:

APPENDICOTOMY REQUIRED
Scenario B Background

Regional Centre Chief of Staff

- **Chief of Staff in Regional Centre** had concerns about distance rural residents — particularly parturient women — had to travel for care;
- **Worked with rural hospital to recruit GPESS**;
- **On arrival, convened a MAC meeting to introduce GPESS as part of the Regional Dept of Surgery**;
- **Clarified training and scope of practice**.

- **Created expectation of collaboration** between rural and regional centre;
- **Set up framework for integrated surgical rounds** through telehealth and for CQI and CME;
- **Identified that any concerns be brought directly to him**.
Scenario B Background

**REGIONAL HOSPITAL SPECIALISTS**

- Surgical staff set up regular opportunities for GPESS to assist with procedures in regional centre;
- Have offered to travel to referral community for procedures 2x/month;

**GPESS**

- Participates in weekly surgical rounds/chart audit via telehealth;
- Assists in procedures 2x/month at regional centre;