

# BUILDING RURAL SURGICAL NETWORKS:

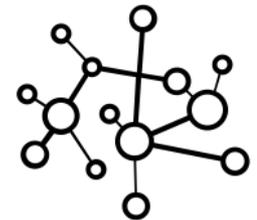
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An evidence-based approach to service delivery and evaluation

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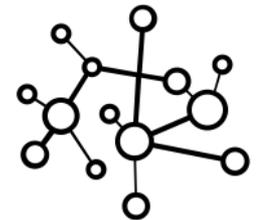
Jude Kornelsen, PhD  
Centre for Rural Health Research  
Dept of Family Practice, UBC

“An adventure is only an inconvenience rightly considered. An inconvenience is only an adventure wrongly considered.”



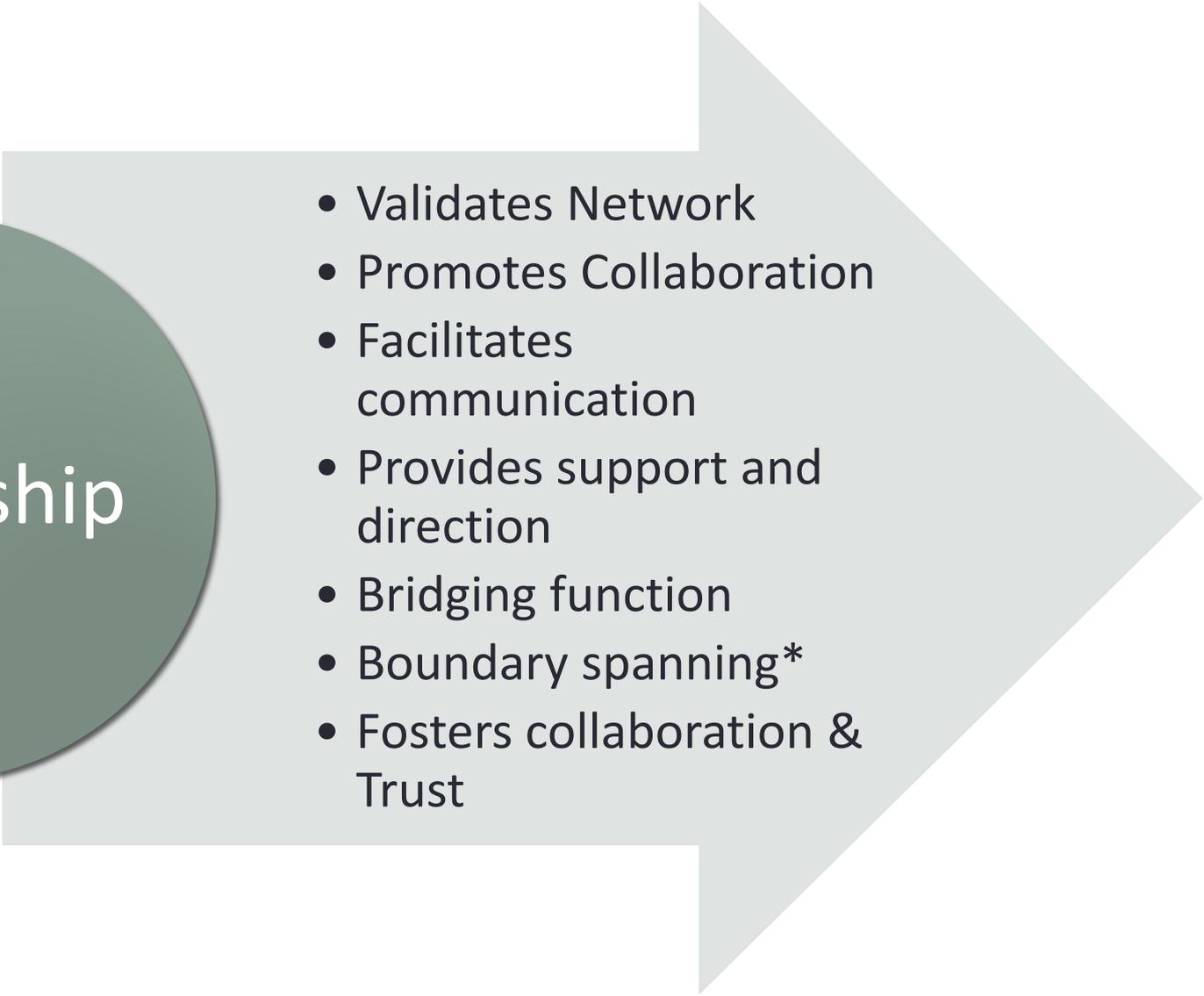
# Introductions...

- 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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## Leadership

- Validates Network
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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/>

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

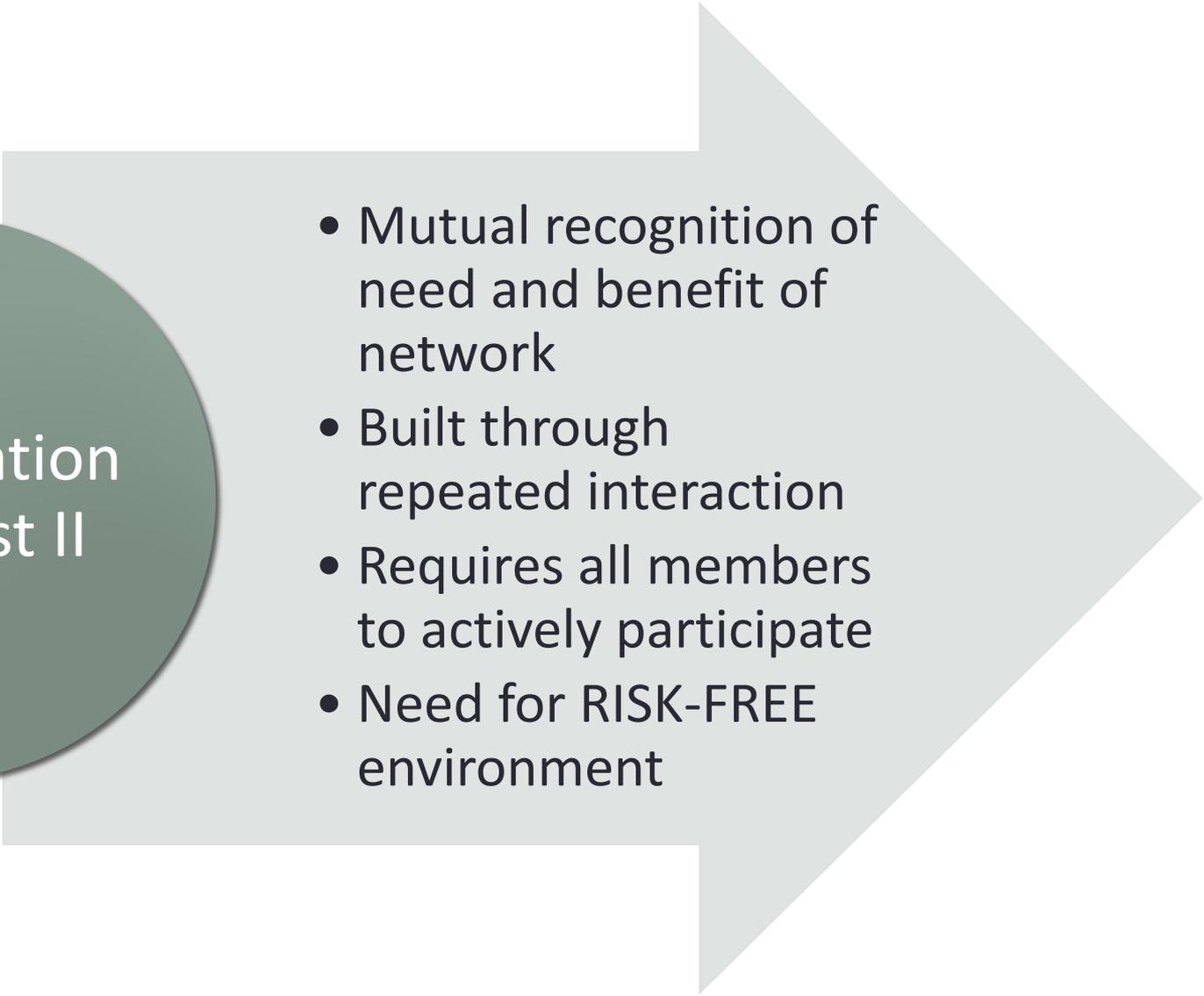


## Collaboration and Trust I

- **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

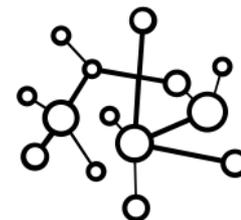


## Collaboration and Trust II

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

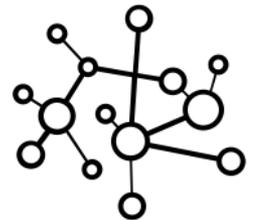
# Objectives of next 60 minutes

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).



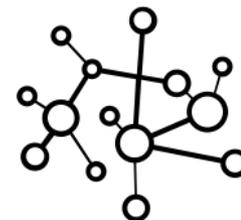
# Characteristics of good interprofessional relationships

- Trust
- Mutual respect
- Mindfulness/taking responsibility
- Welcoming diversity
- Open communication



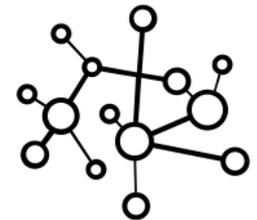
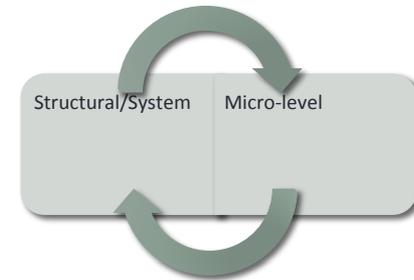
# How do we build interprofessional relationships?

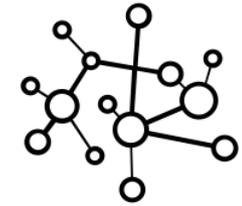
- Attention to people skills (collaboration, communication, effective conflict resolution)
  - Become a great listener
    - Learn, understand and remember the things that are important to others
- Ask the right questions
  - (When the time is right)
- Prioritize by allocating time
- Use 'emotional intelligence'
- 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



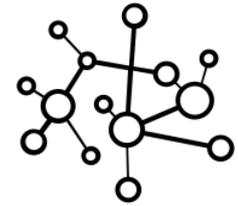


# Rural Surgical Services Network: A Template for Health Care Delivery



## NETWORK PURPOSE: *(why does the network exist?)*

- To meet the surgical needs of rural residents.



Network  
Purpose

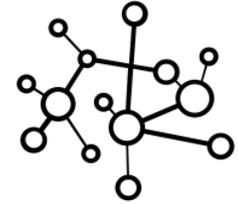


NETWORK GOALS: *(Broad, related to the problem, focuses on outcome):*

Purpose

Goals

**NETWORK OBJECTIVES:** *(actionable, measurable, provides benefit to individual members and links to overall purpose):*



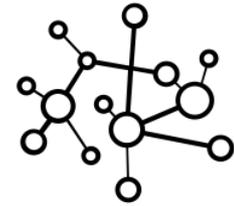
Purpose

Goals

Objectives

## MEMBERSHIP: *(role-based; need for contained diversity):*

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



Purpose

Goals

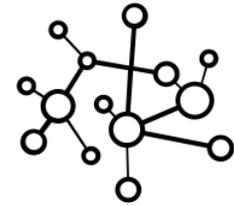
Objectives

Membership

## 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)



Purpose

Goals

Objectives

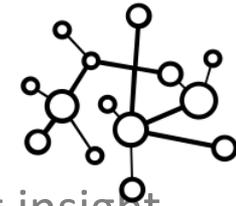
Membership

Roles and  
Responsibilities

# 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)

Purpose

Goals

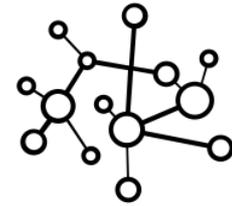
Objectives

Membership

Roles and  
Responsibilities

Form

## 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

Purpose

Goals

Objectives

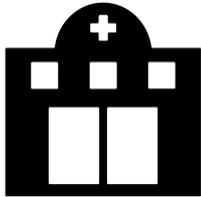
Membership

Roles and  
Responsibilities

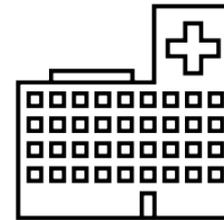
Form

Evaluation

# Rural Surgical Services Scenario



RURAL HOSPITAL:  
9,800 IN CATCHMENT  
2 ESS PHYSICIANS/3 GPAS

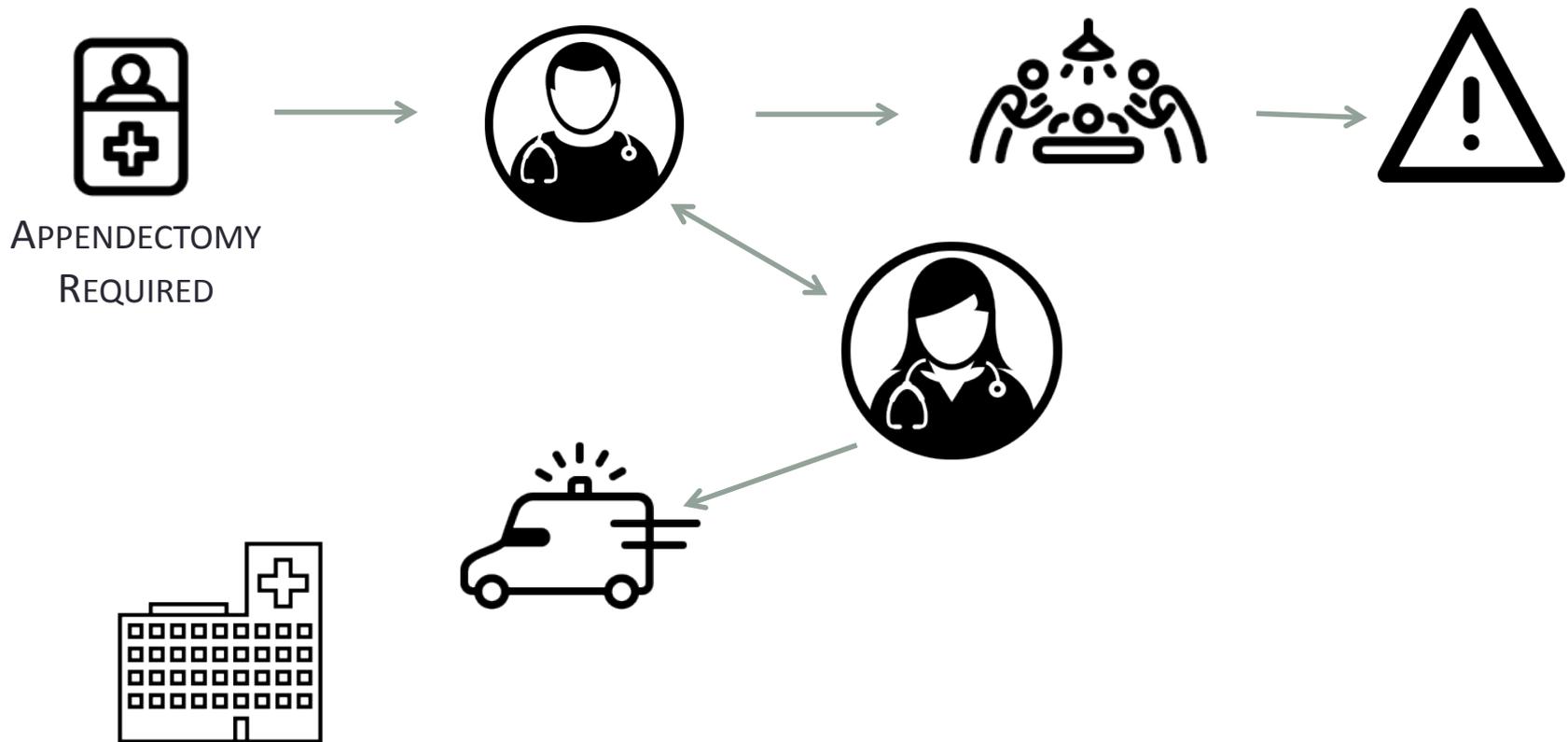


REGIONAL REFERRAL CENTRE:  
105 KM'S AWAY (112 MINUTES)



APPENDECTOMY  
REQUIRED

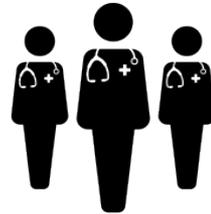
# Scenario A:



# 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.

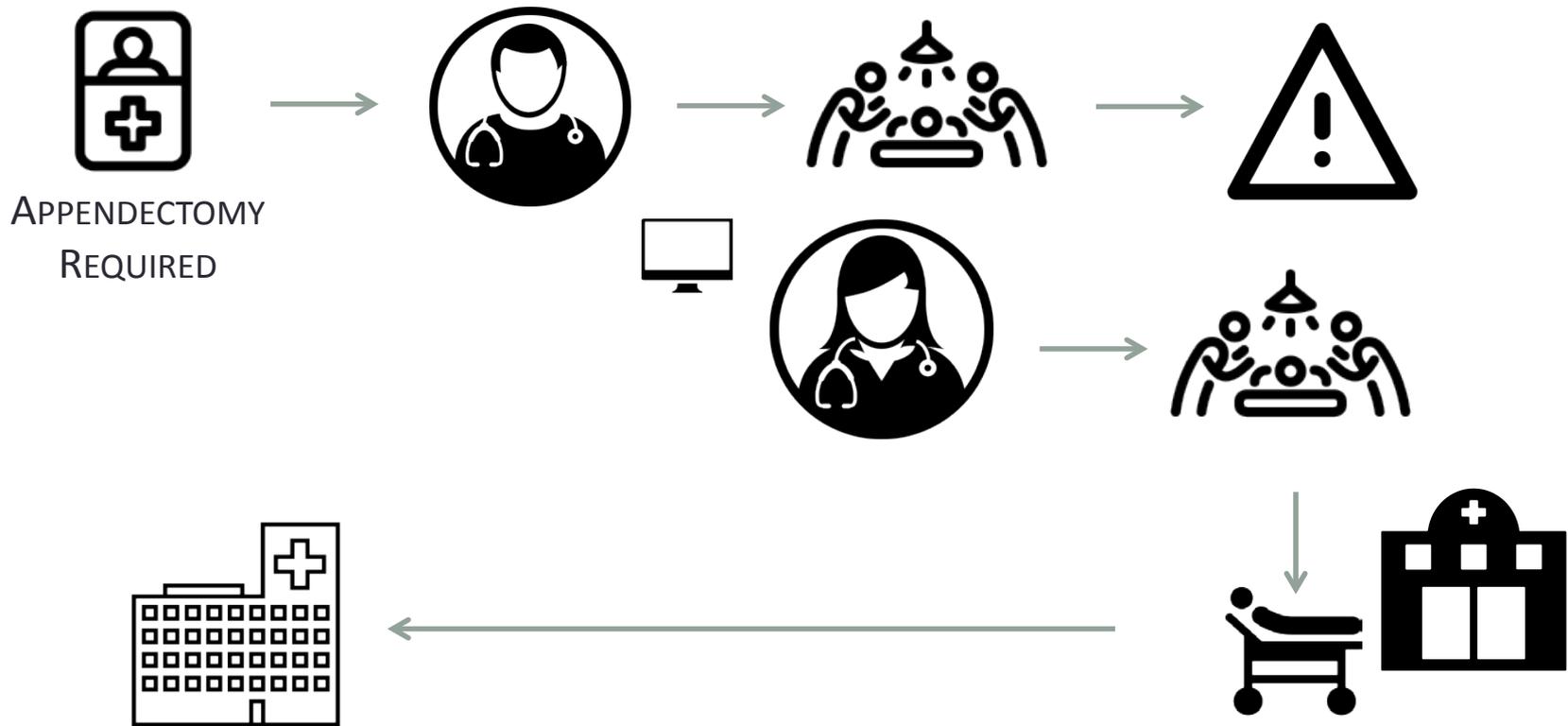


- 2 GSx AND 2 OBGYN IN REGIONAL REFERRAL CENTRE;
- 2 HAVE CONCERNS ABOUT ESS PRACTICE IN GENERAL; FEEL THE LACK OF ACCREDITATION OF TRAINING PROGRAMS IS A LIABILITY;
- HAVE MET THE SURGICAL NEEDS OF RURAL RESIDENTS FROM GPESS COMMUNITY PREVIOUSLY IN REFERRAL CENTRE: WOULD LIKE TO CONTINUE TO DO THIS.



- LHA ADMINISTRATOR IS CONCERNED WITH POTENTIAL COSTS OF A RURAL SURGICAL PROGRAM, ALTHOUGH RECOGNIZES THE DIFFICULTY OF TRAVEL FOR RESIDENTS

# Scenario B:



# 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**



**GPSS**

- SURGICAL STAFF SET UP REGULAR OPPORTUNITIES FOR GPSS TO ASSIST WITH PROCEDURES IN REGIONAL CENTRE;
- HAVE OFFERED TO TRAVEL TO REFERRAL COMMUNITY FOR PROCEDURES 2X/MONTH;
- PARTICIPATES IN WEEKLY SURGICAL ROUNDS/CHART AUDIT VIA TELEHEALTH;
- ASSISTS IN PROCEDURES 2X/MONTH AT REGIONAL CENTRE;