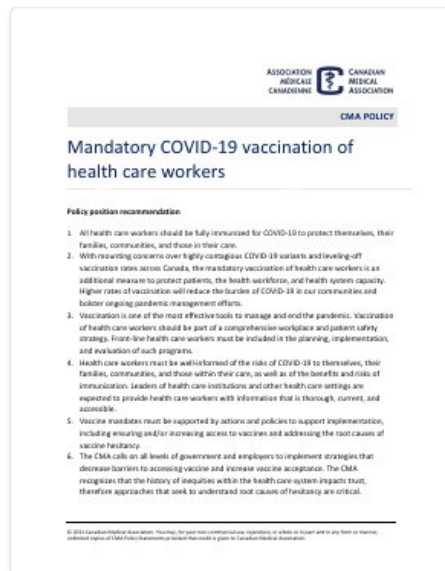


Mandatory COVID-19 vaccination of health care workers

<https://policybase.cma.ca/link/policy14449>

POLICY TYPE	Policy document
DATE	2021-08-21
TOPICS	Health human resources Population health, health equity, public health

Documents



Consensus statement on networks for high-quality rural anesthesia, surgery, and obstetric care in Canada

<https://policybase.cma.ca/link/policy14477>

POLICY TYPE	Policy endorsement
DATE	2021-05-17
TOPICS	Health systems, system funding and performance Health human resources

Documents

Clinical Review

Editor's key points

A timely and quality rural anesthesia program provides clinically relevant and readily accessible to rural and remote communities. The development of networks of specialists and non-specialists provides for the recruitment and retention of rural anesthesia programs. A timely and quality rural anesthesia program provides clinically relevant and readily accessible to rural and remote communities. The development of networks of specialists and non-specialists provides for the recruitment and retention of rural anesthesia programs. A timely and quality rural anesthesia program provides clinically relevant and readily accessible to rural and remote communities. The development of networks of specialists and non-specialists provides for the recruitment and retention of rural anesthesia programs.

Consensus statement on networks for high-quality rural anesthesia, surgery, and obstetric care in Canada

Summary The building relationships that are fundamental to successful networks are built through clinical coaching, ongoing professional development, and quality improvement. Conversely, a collaborative effort in these endeavors, involving a provincial program that targets educational relationships built on the principles and supporting evidence described in this consensus statement.

Objective To describe the essential components of well-resourced and high-functioning multidisciplinary networks that support high-quality anesthesia, surgery, and obstetric care in rural Canada, wherever it is feasible to have as possible.

Composition of the committee A consensus statement group was formed from the Society of Obstetricians and Gynaecologists of Canada, the Society of Rural Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, the Canadian Association of General Surgeons, the College of Family Physicians of Canada, and the Association of Canadian University Departments of Anesthesia.

Methods A collaborative effort over the past several years among the professional organizations has culminated in this consensus statement on network care designed to inform and support a specialized and coordinated, urban and rural, anesthesia, surgery, and obstetric care team in high-functioning networks based on the best available evidence.

Report Surgical and obstetric safety needs to be established within networks to address the barriers between rural/rural obstetric programs and local access to care. Safety and quality needs to be recognized for the environment across rural patients and practitioners, regardless of network size. Triage of patients across multiple sites in a quality customer service environment. Address existing clinical coaching between rural and regional centers can be helpful in building and sustaining high-functioning networks. Mentoring of quality and the provision of continuing professional development in non-urban settings represent a mutual care proposition.

Conclusion The building relationships that are fundamental to successful networks are built through clinical coaching, ongoing professional development, and quality improvement. Conversely, a collaborative effort in these endeavors, involving a provincial program that targets educational relationships built on the principles and supporting evidence described in this consensus statement.

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Accessibility: the solution lies in cooperation

<https://policybase.cma.ca/link/policy11518>

POLICY TYPE Parliamentary submission

DATE 2015-03-25

TOPICS Health human resources

Documents

