



2023 Rural Maternity Summit: Focusing on People to Strengthen the Heartbeat of Care

Prepared By :



Hosted on:

Thursday, November 30 -
Friday, December 1, 2023

This event occurred on the ancestral, unceded lands of the Coast Salish Peoples, including the territories of the x^wməθkwə'yəm (Musqueam), Skwxwú7mesh (Squamish), Stó:lō and Səlílwətaʔ/Selilwitulh (TsleilWaututh) Nations. Collectively, our work takes place on many Nations' territories across British Columbia.

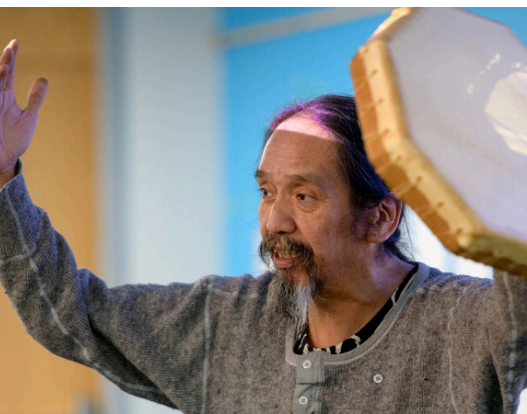
Proceedings



The Rural Maternity Summit, held on November 30 and December 1, 2023, at the BCIT Downtown Campus in Vancouver, convened approximately eighty health partners from across British Columbia, including people from Health Authorities, Indigenous organizations, the Ministry of Health, health professional organizations, educational institutions, community organizations, as well as rural physicians, midwives, nurses, and learners. Participants gathered in a learning community to identify common interests, build on existing strengths, and foster new collaborative approaches for addressing pressing issues affecting the sustainability of rural maternity services and the rural health workforce.

The Summit, which followed a virtual gathering on June 22, 2023, leverages existing partnerships and activities happening throughout the province including the ongoing development and support of rural surgical and obstetric networks, the refinement of a provincial Maternity Services Strategy, Indigenous birth reclamation work, the Maternity Network, innovative clinical collaborations and practices, and countless local initiatives creating change in rural communities. Generous support from the Joint Standing Committee on Rural Issues, the Rural Coordination Centre of BC, and Perinatal Services BC made the summit possible.

We hope the shared learning, new relationships, and deliberative dialogue nurtured during the summit will be a springboard for innovative collaborations and collective actions that contribute to stabilizing the rural health workforce, enhancing the sustainability of rural maternity services, and uplifting rural and Indigenous communities. These proceedings may be shared widely.



Day 1

Discovering What's Working &
Dreaming What's Possible



The first day commenced with a welcome and opening from Elder Chiaxst'n (Wes) Nahanee of the Squamish Nation, who reminded us of the importance of caring for one another and the earth upon which we are all walking. An invitation for people to connect in common interest, discover opportunities for innovation and boundary spanning, and identify wise actions to take together set the stage for two days of dialogue.

Guest speakers shared inspiring stories ranging from developing shared neonatal call groups to Indigenous-led birthing services, and from proactively planning for service disruptions to utilizing local data to increase capacity, enhance staffing models, and stabilize maternity services. “Put creamer in the fridge!” reminded us how small actions can be impactful.

The speakers underscored the power of community-driven solutions and the importance of collaborative effort in addressing local challenges.

Participants shared stories and engaged in discussions to discover what's working, dream what's possible, and imagine how we might work together to sustain and strengthen the people at the heart of rural maternity care.

Highlights from day one dialogues:

ENHANCE NIMBLENESS & FLUIDITY

- Enable flexible care models and privileging
- Utilize transferable skills innovatively
- Support clinicians' creativity & innovation

CARE ABOUT US & VALUE US

- Implement non-monetary incentives
- Listen to clinicians, trust us, respect us
- Reduce micro-barriers, make it easier, uplift us
- Provide agency in how we work to support life needs & wellness

FUNDING & RESOURCING

- Pay the person doing the job, not the role
- Enable & support interprofessional teams
- Support rural locums & travelling RNs
- Increase transparency & share decision-making

LOCAL LEARNING, TRAINING, & EDUCATION

- Promote rural mentorship & coaching
- Facilitate interprofessional education across corridors
- Engage secondary schools & retirees as mentors

DATA

- Collect & access local data
- Use local data for planning & decisions
- Advocate with data-driven insights

STREAMLINE & SIMPLIFY

- Streamline processes to make work easier
- Reduce bureaucracy & enable rapid response
- Integrate systems & resources

STAFFING

- Implement innovative & nimble staffing models
- Create a provincial FP & RM locum program for primary maternity care
- Leverage clinician experience, insight, & resourcefulness

TEAMS & RELATIONSHIPS

- Nurture interprofessional relationship-building
- Utilize the whole team, working to full scope
- Take your administrator/provider to work day

COMMUNITY & COMMUNITY BUILDING

- Explore municipal role in supporting recruitment & retention
- Visit local Indigenous communities to build relationships
- Engage families & rally community support

NETWORKS & CORRIDORS OF CARE

- Engage across corridors of care formally & informally
- Enable coaching & mentoring between sites
- Create regional tables to address issues together

Day 2

Designing the difference that will make a difference & ***delivering*** through action



The Summit's second day built upon the themes and discussions from day one, with a focus on celebrating strengths, identifying priorities, and delivering through collaborative action. Participants were asked to determine what needs immediate attention, and to identify actionable steps, strategies, and resources needed to implement change. People were encouraged to think about what they could do, adapt, implement, or spread to make a difference within their sphere of influence, whether locally, regionally, or provincially.

The day featured a consolidation dialogue, allowing for reflection on the summit's discussions and conversation about who might be able to work together, as a team, on identified "next wise actions."

Everyone was asked to consider three questions:

- What can I do?
- What do I need help with?
- What can I support or help someone else with?



Highlights from the day two dialogues include:

CELEBRATING STRENGTHS - WHAT WE'RE ALREADY SEEING & LEARNING:

- **There is hope through collective action – locally, regionally, and provincially.**
- Physician-midwife relationships are improving and there is reciprocity – harness this strength.
- Geographically separated communities share similar ideas and practices in terms of collaborative work and thinking about payment and billing.
- Frontline rural providers are sharing work, collaborating innovatively, and supporting one another.
- People are getting the work done and thinking about payment and billing later – this is having a cumulative toll.
- Provider connection to community is important – people want to practice where they grew up and are committed to their community.
- Rapid response, innovative, low-barrier collaboration, innovation, and action are possible – we did it in response to the COVID crisis and we can do it again!

ACTIONS TO ENHANCE COLLABORATION & TEAM-BASED CARE:

- **Harmonize the maternity payment/billing systems and accelerate maternity LFP implementation for FPs and RMs to enable local flexibility, innovation, and team-based care.**
- Support team sims days, creative APP contracts, and flexible staffing to meet local needs.
- Provide administrative support for rural health teams so providers can focus on clinical care.
- Involve doulas in team-based maternity care.
- Create and fund trauma-informed spaces and supported systems for critical incident team debrief.
- Redesign health professional education so learners are acquiring the theory, skills, and experience for team-based care practices and environments.
- Cultivate relationships in multiple ways: through interprofessional meetings, in working together, showing up, sharing interest and commitment, celebrating successes together, and valuing informal/social time together.

“

I look forward to sharing with my team, I want to impart some of this energy to them.

”



ACTIONS TO ENABLE PROVIDER NIMBLENESS & FLEXIBILITY:

- **Create a provincial RM & FP interprofessional primary maternity care locum program for rural BC with an accessible need/availability matching platform and evaluation framework.**
- Utilize providers' transferable skills and allow role flexibility and fluidity to adapt to local needs.
- Ensure LPNs, RNs, RMs, FPs are working to full scope -> remove scope restrictions and align education and training opportunities with rural practice needs and realities.
- Enhance generalist training opportunities (FP-OSS, FPA, RM 1st assist) with community backfill while away (supported by travelling team or interprofessional locum program)

ACTIONS TO SUPPORT EDUCATION, TRAINING, & CONTINUOUS LEARNING:

- **Bring maternity back into RN/BScN undergraduate program.**
- Bring back retired RNs as mentors and create CPD for RNs that's specific to rural and remote maternity practice.
- Break down barriers between RNs pairing with RMs for coaching (insurance, union, health authority, funding).
- Establish an interprofessional peer coaching and mentoring program for FPs and RMs that is valued and compensated and enables peer coaches and mentors to travel to provide local in-community support.

ACTIONS TO IMPROVE TRANSPARENCY, COMMUNICATION, & RELATIONSHIPS:

- **Establish transparent structures and processes for collaborative decision-making between providers and health administrators that enable local needs-based planning, supported at regional and system levels (providers know what we need & what will work).**
- Engage and listen to hear all voices, including providers and community members, and ensure that at least some meetings happen face-to-face in rural communities.
- Reduce bureaucracy and hierarchy and simplify who can/should make decisions/respond to site concerns.
- Start an annual “bring your health administrator/health professional colleague to work” day.





ACTIONS TO INCREASE ACCESS & SERVICES FOR INDIGENOUS PEOPLE & COMMUNITIES:

- **Prioritize training, support, and resources for Indigenous-led care in Indigenous communities.**
- Develop appropriate funding, scheduling, and payment models to meet the needs of underserved Indigenous communities; these may need to look/be different than common models.
- Enhance access to primary maternity care and transport in remote First Nations communities.
- Enable distributed teams, virtual support, and provider clinics as outreach hubs for remote and FN communities.
- Learn to evaluate risk holistically, so it encompasses risks related to leaving community, colonialism, Indigenous identity, and racism, and upholds Indigenous self-determination.

ACTIONS TO CARE FOR, SUPPORT, VALUE, RETAIN, & RECRUIT RURAL & REMOTE HEALTH PROFESSIONALS:

- **Be better allies for practitioners, empower local teams, and create space and time for informal gathering and formal engagement and knowledge sharing.**
- Cultivate a broader interprofessional community to decrease isolation and reduce “aleness.”
- Develop flexible RN staffing models both within acute care and spanning between acute and community care and provide scheduling autonomy for RNs.
- Foster relationships with agency nurses and locum providers – they’ll return and may settle where there’s a welcoming and appreciative environment.
- Enhance collaboration between municipalities, chambers of commerce, health authorities, and health care providers to explore solutions to local challenges including housing for providers/locums, and partnerships that enable community-led models and wrap around care.

ACTIONS TO FOSTER COMMUNITY & ENHANCE NETWORKS & CORRIDORS OF CARE:

- **Create a central hub for community-based teams and providers to communicate, share innovations and wise practices, problem solve, and connect with one another to learn and work together.**
- Start a maternity RN specialty pool/network/CoP that spans regions and health authorities.
- Streamline transfer processes across and between health authorities.
- Build capacity for multi-directional regional/rural/remote peer exchange, coaching, and mentorship so mentees and mentors experience different ways of practicing and practice environments.

ACTIONS TO SIMPLIFY & STREAMLINE SYSTEMS & ADMINISTRATION:

- **Reduce silos of funding and funding bodies, and de-silo disciplinary planning at the provincial level, in favour of developing and resourcing a seamless, transparent, interdisciplinary perinatal governance structure and integrated system of perinatal care.**
- Invest in good data, make it easily accessible to providers and local teams (it's our data!), and use it transparently and collaboratively to inform resource need and allocation decisions.
- Create a low-barrier pathway for policy exception and enable “proof of concept” initiatives to meet local requests, needs, and flexibility.
- Leverage technology for innovation and make technology interoperability and seamless a reality.

The summit concluded with closing remarks and an invitation for continued collaboration, highlighting the collective journey towards sustainable rural maternity care. Participants left with a sense of purpose, equipped with new connections, insights, and a shared commitment to strengthening rural maternity services.



Summit Evaluation

Feedback from the post-summit evaluation was very positive, with responses received from 37 participants. Summit attendees almost universally agreed or strongly agreed with each of the statements shown in the charts below.

100%

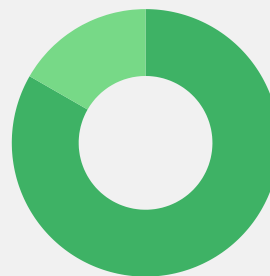
Strongly agreed (72.2%) or agreed (27.8%) that the summit surfaced key priorities in rural maternity sustainability.

97.2%

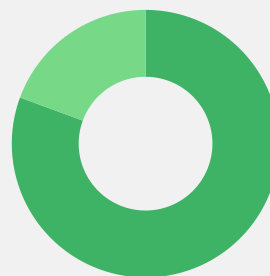
Strongly agreed (88.9%) or agreed (8.3%) that the environment felt safe and respectful.



● Strongly agree ● Agree



83.3% strongly agreed there were adequate opportunities for questions and discussion.



80.6% strongly agreed that the summit provided an opportunity to build relationships with other partners in rural maternity.

Summit Evaluation continued...

● Strongly agree ● Agree ● Neutral ● Disagree ● Strongly Disagree

I am optimistic that I will be able to follow through on the commitments I made at the summit



I am optimistic that others will follow through on the commitments they made at the summit



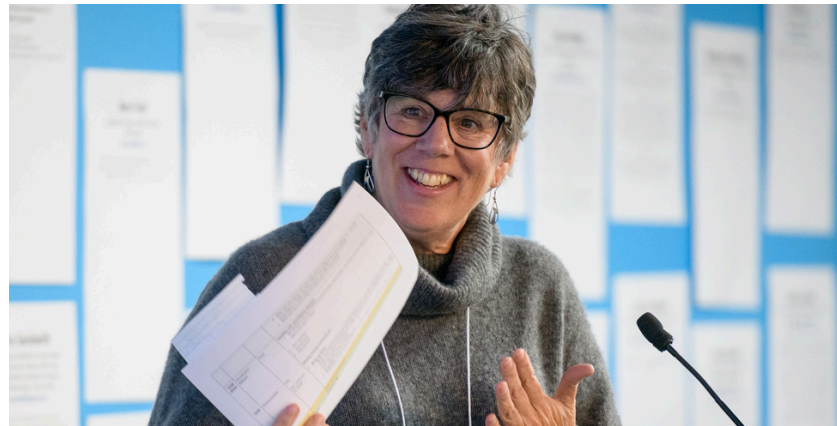
The summit met my expectations



The summit was a good use of my time



— “ —
Seeing other hospitals be successful in implementing the things I want to do at my hospital gives me hope.
— ” —





— “ —

The Summit helped me feel that I am not alone.

— ” —

Summit Evaluation continued...

Themes arising in the Summit’s written feedback include participants’ valuing the exchange of knowledge, sharing stories and experiences from rural maternity practice, and engaging in meaningful discussions with one another, in person.

Additionally, several participants noted an appreciation for the commitments to action made during the consolidation dialogue and were grateful for the networking and opportunities to enhance connections and relationships. Several respondents requested to continue with future events, proposing both virtual meetings, as well as an annual in-person gathering.

— “ —

I feel hope knowing that we are stronger together and just because we may be small communities, we are mighty in spirit! We have started to meet rubber to road!

— ” —

Next Steps

We've heard your requests for ongoing dialogue, wider engagement, continued facilitation and support, and the creation of forums for sharing and connecting. Stay tuned for future Summit activities including a virtual session in Fall 2024.

If you're interested in hosting an activity or virtual gathering to generate dialogue and stimulate collective action for any of these sustainability topics, please let us know how we might support you.

Please reach out to Adrienne Peltonen if you'd like to be added to our distribution and invitation list:
apeltonen@rccbc.ca



Appendix

Day 1: Thursday November 30th, 2023, 12pm-5pm & Social and Networking Event 5:00pm-7:30pm

Summit Location: BCIT Downtown Campus, 555 Seymour Street, Vancouver, BC

Social Event Location: Brown's Socialhouse QE Theatre, 675 Cambie Street, Vancouver, BC

Co- Hosts: Rural Coordination Centre of BC (RCCbc) and Perinatal Services BC (PSBC)

Time	Agenda	Details
11:30 am	Registration	
12:00 pm	Lunch and Networking	<ul style="list-style-type: none"> Enjoy the innovation cards and table questions
12:45 pm	Welcome and Land Acknowledgment	<ul style="list-style-type: none"> Our opportunity: connecting common interest What we hope will emerge from the Summit Structuring our time together Who is in the room today? Greetings and gratitudes
1:45 pm	Enhancing sustainability: Sharing stories of innovation and success	<ul style="list-style-type: none"> Sara Sandwith – <i>developing a shared neonatal call group with family physicians and midwives</i> Virginia Robinson – <i>utilizing local data to increase skill and confidence, enhance staffing models, and stabilize maternity services</i> Marion Erickson – <i>strengthening relationships; Indigenous Birth Reclamation</i> Barry Oberleitner – <i>proactively planning for maternity service disruptions: a whole team approach</i> Sheila Smith & Ashley VanDerMuelen – <i>adapting innovation locally, evolving the team, and supporting nurses</i>
2:45 pm	Walk-n-Talk with coffee & snacks	<ul style="list-style-type: none"> Exploring the wall of possibility for new connections
3:30 pm	Conditions for Success	<ul style="list-style-type: none"> Working in complexity Setting the stage for teamwork
3:45 pm	Exploring stories: Identifying opportunities in the system right now	<p>Peer and partner dialogues:</p> <ul style="list-style-type: none"> What did you hear that interests you? What are you doing now, or wanting to do? What possibilities exist among us? <ul style="list-style-type: none"> Provider to provider Community and/or facility level Regionally Provincially
4:55 pm	Wrap-up & Day 2 reminders	
5:00 pm	Join us for canapés	Brown's Socialhouse, QE Theatre, 675 Cambie Street (8-10min walk)

Appendix ---

Day 2: Friday December 1st, 2023, 7:30am- 1pm

Summit Location: BCIT Downtown Campus, 555 Seymour Street, Vancouver, BC

Co- Hosts: Rural Coordination Centre of BC (RCCbc) and Perinatal Services BC (PSBC)

Time	Agenda	Details
7:30 am	Breakfast	<ul style="list-style-type: none"> Revisit the innovation cards and table questions
8:15 am	Welcome and Land Acknowledgment	<ul style="list-style-type: none"> New people who joined us today
8:25 am	Perinatal Service BC	<ul style="list-style-type: none"> HHR and Rural elements of the Maternity Services Strategy
8:45 am	Yesterday's Themes	<ul style="list-style-type: none"> Seeds for today's dialogue: <ul style="list-style-type: none"> Any new reflections or ideas to add today?
9:00 am	So, what does this mean for us? <ul style="list-style-type: none"> <i>Locally</i>, in my community <i>Regionally</i>, in our corridor of care or health authority <i>Provincially</i>, across the rural maternity care system 	Making meaning: <ul style="list-style-type: none"> What can we learn from the stories/innovations/successes and what does this mean to us? What needs our immediate attention? What might I/we be able to adapt, implement, or spread? What steps or strategies do I/we need to build on, adapt, or implement elements of innovation or success? What resources and/or supports do I/we need? Who might need to work together to do this?
10:30 am	Walk-n-Talk with coffee & snacks	<ul style="list-style-type: none"> Take a photo of your page home with you
11:00 am	Now what is the next wise action? Now what steps can I/we take? <ul style="list-style-type: none"> <i>Locally</i>, in my community <i>Regionally</i>, in our corridor of care or health authority <i>Provincially</i>, across the rural maternity care system 	Committing to action, working together: <ul style="list-style-type: none"> What can I do? What do I need help with? What can I support or help someone else with? <ul style="list-style-type: none"> As individuals As a rural health partner (policy-maker, administrator, provider, educator, researcher, community member, non-profit, municipal leader, etc) In teams or communities of people In supporting organizations and structures (MoH, HAs, FPSC, MABC, BCNU, BCCNM, UBC, etc)
12:30 pm	Consolidation dialogue Next steps Closing	<ul style="list-style-type: none"> How was this? How are you? How are we?
1:00	Bagged lunch to go	Thank you!