42691 - PUBLIC HEALTH POLICY & THE ANESTHESIA HUMAN RESOURCE CRISIS: IMPACT ON PROVISION OF MATERNITY ANESTHESIA SERVICES IN SMALL , RURAL & RURAL REMOTE ONTARIO HOSPITALS

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INTRODUCTION:

Health Services Research is virtually non-existent in obstetric anesthesia yet health policy and the availability of maternity anesthesia providers drives patient access to care and the breadth of the services provided. We describe the first Canadian study to evaluate the impact of the anesthesia human resource crisis on maternity care in large and small, rural and rural remote hospitals in Ontario. This qualitative research project was conducted to identify key issues and barriers to maternity anesthesia services as well as provide potential solutions.

METHODS:

Anesthesiologists and Family Physician Anesthetist(FPA)leaders providing maternity care across the spectrum of possible care participated in 5 focus groups conducted via teleconference at the Ontario Ministry of Health. All participants provided verbal consent. The study was approved by the institutional Research Ethics Board. The first 4 focus groups examined key issues and barriers to maternity anesthesia services provision in small, rural and rural remote hospitals (3 different focus groups)and large community (1 focus group) hospitals. A fifth focus group, comprised of University-based academic obstetric anesthesia leaders and a mixed group of community anesthesia providers from the previous 4 sessions, was conducted to explore potential solutions to the issues and barriers identified. All sessions were run by a single moderator (PA) and were taped and transcribed verbatim. Thematic content analysis was performed using NVivo QSR 2.0.

RESULTS:

Fourteen Family Physician Anesthetists and 10 Anesthesiologists were recruited representing all geographic areas in Ontario. Key issues and barriers identified related to lack of : 1) Human resources -difficulties in recruitment/retention related to workplace isolation, heavy call schedules, lack of respite relief, and lack of a professional voice for FPA; 2) Barriers to provision of "Best Practices" Maternity Anesthesia Care--lack of access to maternity anesthesia experts and mentors and mechanisms for skills updates and retraining; 3) Support for the necessary interdisciplinary team training required to sustain/update practices or the time and resources required to develop

their own best practice protocols; and,4)Medicolegal issues related to non-physician primary care providers. Potential solutions were proposed by participants.

DISCUSSION:

A number of community hospitals have already closed their doors to maternity services in Ontario. Our findings suggest that the anesthesia human resources shortage has reached a critical level in small, rural and rural remote Ontario and constitutes a "burning platform" that requires immediate attention to ensure future access to maternity services in these hospitals across Ontario.