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Background

The Boyle McCauley Health Centre (BMHC) is an inner-city community health centre, active in Edmonton for over 30 years, Figure 1. The clinic's Licensed Practical Nurses (LPNs) provide a direct-access, walk-in wound care service for anyone who wishes to make use of it. Each patient sees an LPN, and if deemed necessary, the clinic's physicians and nurse practitioners are available for immediate consultation.

The LPN wound care service arose organically from seeing homeless patients present to the BMHC with severely compromised wounds after either having been seen in the emergency department or not at all. It is currently funded by the *Edmonton North Primary Care Network*, initially as the result of a grant request, and now through short-term funding. Two years into this service is an opportunity to assess its function and role in the community.



Figure 1. The Boyle McCauley Health Centre houses the wound care service. Both have an open-door policy for anyone wishing to use their resources.

Purpose

The purpose of our study is to quantify patients' experience of the wound-care service at the BMHC, and to determine how the use of this service fits into the surrounding health care environment. We hypothesize that by providing direct access to the appropriate level of care, in a community setting, the service can improve patient satisfaction and reduce the use of more expensive and less accessible options.

Methods

We developed two anonymous, multiple-choice patient surveys. They are designed to:

- Determine why people come to the clinic for wound care and where they might have otherwise gone if weren't available.
- Assess and Compare the accessibility, patient experience, and patient satisfaction to the surrounding health care services.

Over a six-month period we offered the surveys to all patients treated at our wound-care service (principally the inner-city demographic). Participants anonymously completed the survey independently and only once. The surveys were collected and scanned into PDFs, on secured clinic computers. The data was then transferred manually to an Excel spreadsheet for analysis. Statistical analysis was carried out using an Excel spreadsheet with manually inserted formulas. A student's two-tailed T-test was performed, using $p < 0.05$ as the significance level. P-values were calculated using an online p-value table calculator: www.graphpad.com.

Results

Over the study period, we had a total of 145 individual clinic patients complete each of the two surveys. There were a variety of reasons respondents presented to the wound care service, most commonly for abscesses, ulcers, and surgical wounds.

Just less than one half of the respondents (46%) used the BMHC as their home clinic. There was no significant difference in responses to any of the questions between those who regularly use the clinic and those who don't.

About one half (52.6%) of the survey responders had been seen by another health professional before presenting to the wound care service, Figure 2. Interestingly, while about one third of patients were first assessed in the emergency department, less than one percent was successfully referred to the service.

If the service were not in place 72% of respondents would have sought out urgent or emergency care, and 16% would have not sought out treatment at all, Figure 3. Moreover, we found that almost all of the respondents (96%) would "definitely" return to the service for care.

Ease of access, wait times, overall experience, and clinic environment were all reported to be better than the surrounding health facilities about 80% of the time and similar about 19% of the time. As mentioned before, there was no significant difference in responses between those who used the BMHC as their regular clinic and those who didn't.

Patient Presented from a Variety of Sources

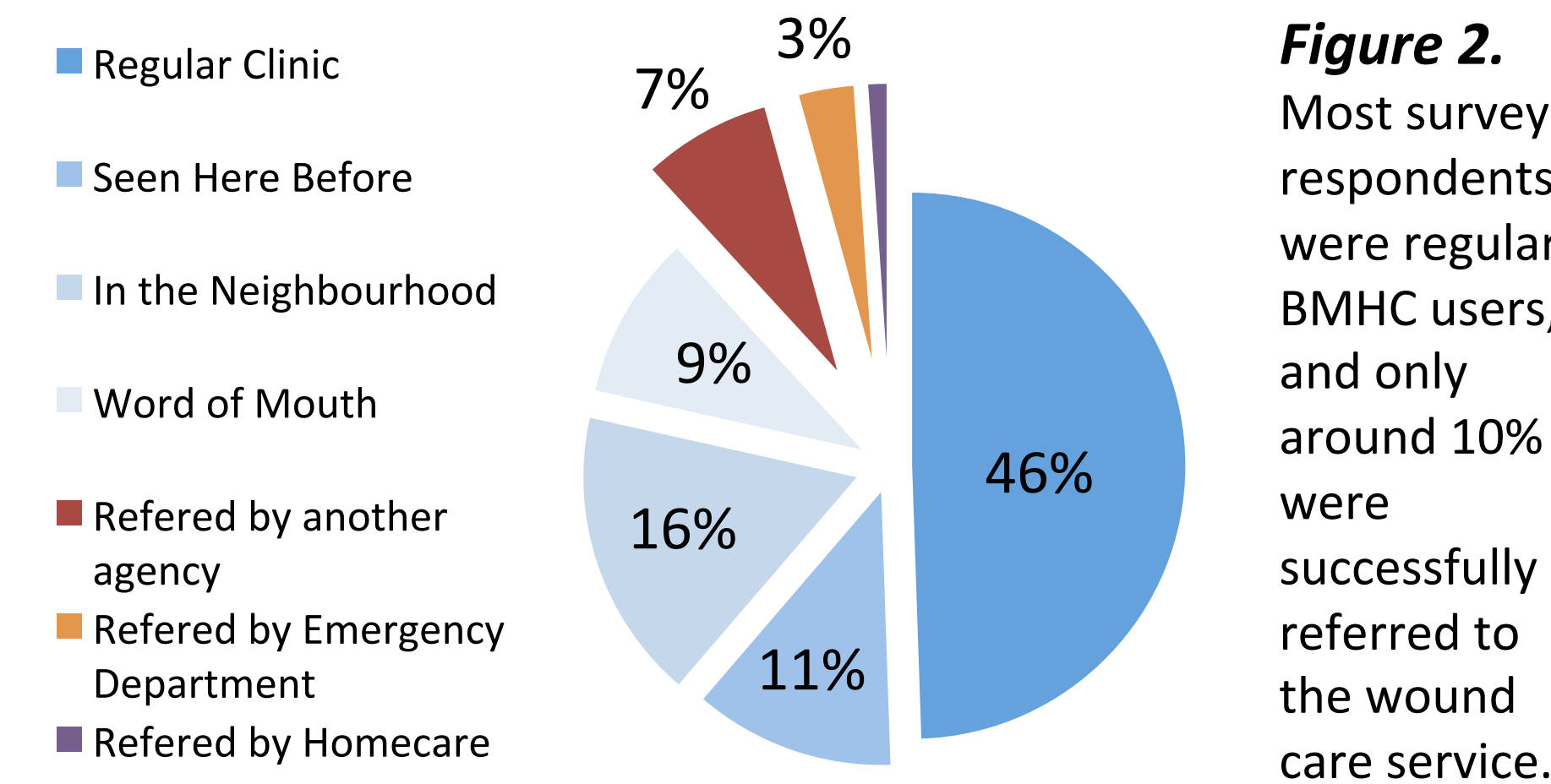


Figure 2. Most survey respondents were regular BMHC users, and only around 10% were successfully referred to the wound care service.

Where Patients Would Go Without the Wound Care Service

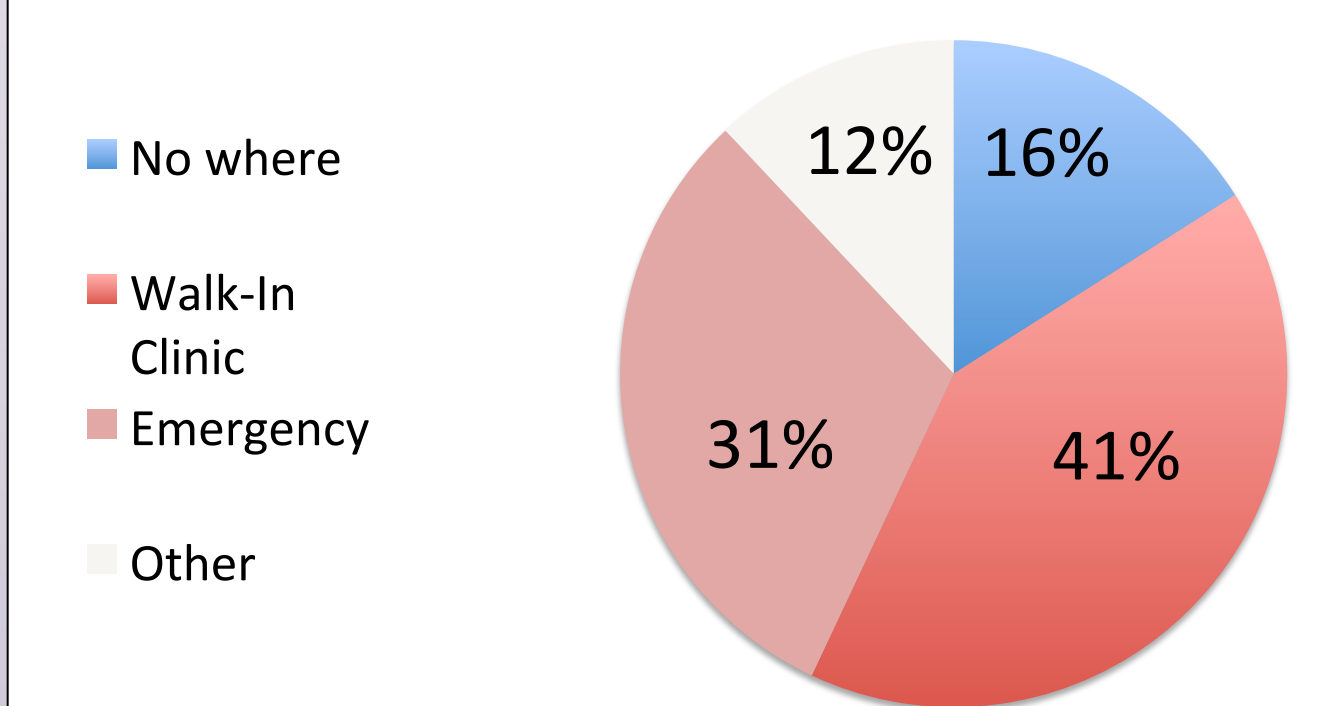


Figure 3. Should the wound care service not exist, most patients would resort to urgent and emergency options.

Patient Satisfaction of Care Compared to Other Services

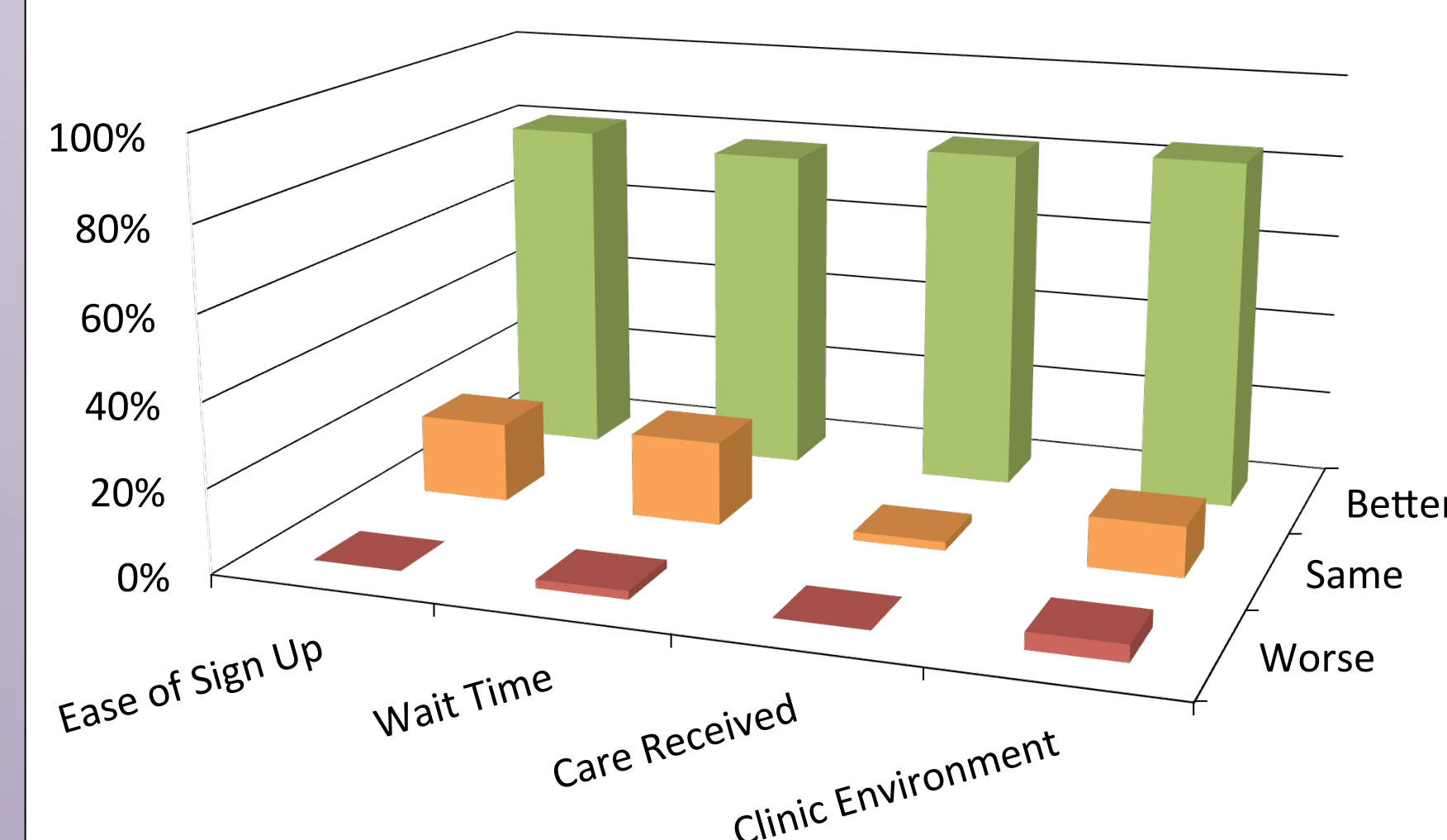


Figure 4. When compared to the surrounding health care services, almost all patients felt as good or better about their experience at the wound care service.

Discussion

The results highlighted several interesting findings, which while limited by the small survey study, may help to initiate further academic discussion.

Firstly, half of the respondents using the wound care service were seen by the LPNs directly, not seen first by another health care provider. From this we infer that the wound care service has now been established and is a valued alternative care option in the community. Also, the fact that both regular and new clinic users shared better overall experiences shows that the results have external validity and can be generalized to the general inner city population, not just those who frequent the BMHC.

Secondly, in the absence of the wound care service most of the respondents would have sought out urgent or emergent care. The inference is that patients are using this service instead of urgent care facilities. Since the cost of LPN care in a community care setting is a fraction of that provided in a hospital, one might reasonably assume that there are significant savings to the health care system in general.

Thirdly, the results quantitatively show that the patients feel better about their entire experience and care provided than at surrounding health care options.

An interesting point is that despite already having been seen by surrounding services, only a small percentage of the respondents were actually successfully referred to the wound care service. We believe that in light of the positive results, a stronger referral system might improve the use of this service and enhance the potential positive effect of the wound care service on the overall system.

In summary, we believe that our service diverts people from an expensive physician visit, and that, because of our unusual system of rapid access to physician or NP consult, care of patients is not compromised. Moreover, due to the LPN providers' expertise with both wounds and this population, patients may in fact receive better, more appropriate care.

Conclusion

When physicians support healthcare colleagues with focused expertise, patients receive better care due to immediate access to the appropriate practitioner. We hope that this research helps to expand the use of LPN-led care, and helps to promote more research on the subject.

We believe this model is a viable option, but better yet in the words of one of the respondents: "I would stress the care and attention are superior, and I believe safer, than the hospital. [This is] due to the knowledge the staff have and the good natured dispositions, rather than the hospitals [being] spread out and nurses doing too much [with] too many people."

Acknowledgements

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