Compassion 
& Collaboration: 
Boyle McCauley Health Centre
LPNs & Cancer Care
Organizational Changes at CLPNA
Kim uses the time with Preston to go over how to care for the wound as it heals. She also reminds him to eat more often. He says he’s been drinking lots of strong beer lately and doesn’t really feel like eating. “I know what I should do, but sometimes I just don’t care,” he says. After tending to his finger, Kim gently asks him if he’d like an apple or a fruit cup to take with him when he leaves.

Preston is a regular client of the Boyle McCauley Health Centre (BMHC). Located in Edmonton’s inner city, the clinic provides primary medical services to those facing multiple systemic barriers to accessing healthcare. People experiencing homelessness, addiction, mental health issues and other socio-economic obstacles such as illiteracy or isolation receive professional and compassionate care here.

“Our clients are dealing with complex social and acute medical issues,” says the centre’s executive director, Cecilia Blasetti. “All reasons why they don’t do very well going to a traditional walk-in clinic.”

The BMHC is based on an alternative model of healthcare. It’s a community owned and operated health centre in which a client is matched to a comprehensive team of medical professionals. “We have a culture of providing healthcare in a different way,” says Cecilia. “We only take on people who are really complex and need an interdisciplinary team, including social work and outreach.”

The BMHC was the first of its kind in Edmonton—it’s now 39 years old. In terms of operations and the work
its staff does, the centre functions autonomously.

“I think that has had a huge impact on us being able to forge our own way and do things differently,” says Cecilia. “Things that seem avant-garde in healthcare now, we incorporated long ago. We’ve had interdisciplinary teams since day one.”

The health centre’s staff consists of licensed practical nurses, doctors, nurse practitioners, social workers, medical office assistants, psychologists and outreach workers. Together they form four similar interdisciplinary teams. The staff provide a range of medical services in the clinic and in the community, including emergency treatment and wound care. Of the 85 staff members, 25 are LPNs.

BMHC’s healthcare model offers its numerous LPNs the opportunity to work to their full scope in many areas. LPNs are front line staff and deal with triage and emergent situations both in the clinic and outside the health centre. They run the foot care program and wound care clinic; educate clients about chronic illnesses such as diabetes and hepatitis C; administer immunization and flu shots; conduct smoking cessation and nutrition counselling; and provide mental health support. LPNs also oversee the centre’s autoclaving, and train staff and clients on the use of naloxone.

Every LPN works on one of the centre’s four teams. Each team has a LPN as its team lead—Kim is one of them. She’s worked at the clinic on and off since 2009 and has been full time since 2015. Today she’s overseeing patients in the wound care clinic as part of her team’s turn in the three-month rotation of duties at BMHC.

Kim works here because mental health and homelessness are issues close to her heart. Her uncle, who had schizophrenia, lived on the streets for 30 years. “This feels like where I’m supposed to be,” she says.

This feeling of belonging and answering a call resonates with one of BMHC’s newer nurses, Jessica Fedun, LPN. She started with BMHC in 2016, shortly after graduating.

“I’ve always had an interest in mental health,” she says. “It’s something that’s been a passion of mine.”

Originally from a small town in Alberta where she didn’t encounter many people with mental illness or addictions, Jessica admits that working at BMHC has been an eye-opener. “When I first started, I jumped in and saw mental illness all day long. It made me take a step back—I realized it was a big issue,” she says.

About 50 percent of BMHC’s clients are homeless upon their first visit to the clinic and 75 percent have been diagnosed with a mental health issue.

“There are a lot of people out here who live in shelters, they haven’t eaten that day, they have wet socks and
for their nursing care needs,” she says. “You feel good about doing what you do because the doctors have that trust in you.”

Jeff agrees. “Doctors will ask you what you think,” he says. “It boosts your confidence when you get to execute your idea of a care plan.”

The atmosphere at BMHC is casual; staff refer to clients and to each other by their first names. There is an apparent culture of collaboration amongst everyone in the health centre’s close quarters. “Our model has people working together instead of an entrenched hierarchy,” says Cecilia. “Everyone is part of the team and it requires all the imagination, compassion and goodwill of everybody on the team to get people what they need.”

In order to provide the multi-faceted care that clients need, staff at BMHC spend more time with them than at a typical medical office. Once a client goes through the intake process and is
assigned to one of the four teams, their first visit is 60 minutes long; subsequent visits are 20 minutes. “They’re attached to their team. They understand that there’s a whole group of people taking care of them as opposed to just one practitioner,” says Cecilia.

It’s no wonder the staff form long-lasting relationships with their clients and vice-versa. Karin says that for her, this is an important part of her work here.

“Clients will get to know front line staff really well and build a rapport with them. It’s always the same team who sees the client and that provides continuity and relationship development,” she says. “There’s a satisfaction in the long-term relationship you build with clients and the progress that you see in their lives.”

The nurses acknowledge that working with a vulnerable population in an inner-city neighbourhood might not be for everyone. “People have an idea that it’s dangerous here because it’s inner city,” says Kim. “But I feel safer here than I would working at a hospital. I feel safer with my patients out there. They have my back.”

The LPNs are very protective of their clients and advocate tirelessly for them. “We take people who can’t go anywhere else. They’re battling addiction, they’re homeless, they’re involved in the sex trade, they just got released from prison—that’s our clientele,” says Kim. “Lots of our patients don’t have a voice, or they’ve been told ‘no’ so many times from so many places. This is often the first place that will listen to them. This is why we advocate so forcefully for our clients.”

“A lot of us go above and beyond what’s expected for our patients,” says Jeff. “That’s what keeps them coming back.” In fact, many clients continue to visit BMHC after they’ve stabilized because they’ve developed relationships with the staff.

The BMHC is a funded community agency, and as a result of this financial reality, the staff are paid less than colleagues in other organizations. “But we don’t have trouble hiring and retaining because it’s a practice setting where LPNs can absolutely practice to their full scope,” says Cecilia. “We have flexibility and the freedom to allow us to be responsive.”

This flexibility helps in a place where no two days are alike. “You really don’t know what’s going to happen here each day,” says Jeff. “There’s a certain type of unexpectedness, but at the end of the day you feel it was productive.”

The care and compassion that clients receive from the LPNs and other staff at BMHC is the one thing that is constant, though. As Preston leaves the wound care room and heads down the hall to pick up his snack, he says, “I love them. And they love me.”