



A key component in evaluating the success and benefits of patient medical homes involves collecting stories of health care change from doctors, patients, and allied care providers. These stories take readers on a journey toward understanding how patient medical homes are improving care around the province.

Change Snapshot: How team-based care improved access and comprehensive care for patients.

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Comprehensive Care in a Small Town

The most significant change I've experienced as part of working in a clinic as part of the Nurse in Practice initiative for the past nine months is that our patients are able to access high quality care more quickly. They are also not having to be referred out as often for concerns that prior to my working here the clinic wouldn't have the capacity to see – for example wound care. Patients are now able to come to the clinic and have their physical, mental and emotional needs addressed in the same place.

I used to be an operating room nurse, my patients being either sedated or anesthetized and coming for the sole purpose of having something removed or fixed or put in. I felt like I was in an assembly line doing one surgery after the next and not truly having the opportunity to care for my patients. Now that I'm in a clinic setting, I feel that I can be more patient-centred and focus on the quality of care for the whole patient, rather than focusing purely on efficiently meeting the immediate physical need.

Initially I started with a lot of little tasks related to chart review, making sure immunizations are up to date, and preparing for the flu program in the fall. During this time, I established rapport with the patients and five physicians in the clinic, giving them the chance to get to know me and see what skills I bring to the table.

I often will spend 30 minutes with each patient, depending on the need. I find that my patients are aware of the difference between the nursing and medical model of care, so they stick to more to the point when seeing the doctor, but if they need to talk more in-depth about other issues, they know that they can book with me. I also coordinate with social workers to come into the clinic if patients need it and are unable to host them at their home. For example, a homeless man came in today with a variety of needs, and I coordinated with a social worker to meet with him in the office. Social workers had never come in to the clinic before. I also help coordinate hearing screening so that patients don't have to travel to other towns. The clinic renovated the building to give a designated space for the nurse to utilize to meet with patients, provide teaching sessions and care conferences.

Many of our frail elderly patients have limited access to resources; some are low income, with few social support, and complex health care needs. Many no longer drive because their driver's license has been revoked, they cannot afford a vehicle, or are too fearful to drive. Many of our patients live at least a half hour drive from the nearest hospital and driving that far is daunting - patients often call the lake they must cross "the ocean". For them, there is nothing worse than having to "cross the ocean" to go to an appointment for wound care, shortness of breath assessment at the Emergency Department, or a walk-in clinic. It would be amazing if our community could be designated as rural- although we are too close to towns with resources to have this designation, the demographic we serve has a limited ability to travel and with limited resources, it often feels like we are a rural practice.



Since I started, patients can come in when they feel like their blood pressure is high, or they've fallen and been hurt, without having to clog up walk-ins or emergency departments - I can do wound dressings and work with the physician to make sure the patient's needs are met right here in our community. For example, one of the first patients I saw was a frail elderly woman with deep lacerations in her arm. She would have previously gone to the Emergency Department, because the clinic doctors were busy, and the clinic could not take walk-in patients. I cleaned her wound, did an assessment, and the physician ordered an x-ray. She had a lot of blood loss and felt very weak - she would have otherwise had to see a wound care nurse in the next town over using a driving service. She had previously refused to go with a single male driver who worked for the service because she did not feel comfortable. Her caregiver was going away for 2 weeks the following day, and I was able to check on her in her home, care for her wound, and continue visiting her for just over two weeks until her caregiver returned. This had a huge impact on her family caregivers, who had to be away due to a severe illness in the family, and were relieved that she was safe and receiving care.

Although the majority of patients in this practice are older adults, we have recently welcomed 2 new physicians with more young people having joined the practice and more of a need for pre-natal, contraceptive and STI management. The young people may not have otherwise been able to access STI screening or contraceptives, especially those who are too young to drive or without access to a car. To serve both of these populations, I've taken extra training courses in, foot care, advanced wound care, pelvic exams, STI and contraceptive management – with the goal to be more equipped to serve our patients better.

With patients with urgent needs and no available regular bookings, I can usually see patients to do an assessment, so that I can advise whether they need to go to emergency or since the assessment and history has already been done, often the physician is able to come in to provide the out of scope care that may be required – having a nurse in the practice makes it easier for the physicians to pop in for care knowing that the appointment can be quick. Before, physicians were limited in what they could do with all their 15-minute appointments being booked. Now, as a team, we can deal with most needs that patients identify, such as foot care and wound care. This is very important to patients in our rural community. I feel honoured to be part of team that is providing excellent access, quality and compassionate care to our patients.