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Primary Health Care: Emerging Roles for LPNs



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ABOUT THE AUTHOR

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Nancy Rowan brings hands on knowledge of community health and a wealth of experience in design and implementation of innovative programs through contracts with the Alberta Medical Association, Health Boards of Alberta (former Provincial Health Authorities of Alberta) and Alberta Health and Wellness. She was instrumental in the development of the Clinical Practice Guideline Program for the Alberta Medical Association, and quality assurance programs in mental health, community hospitals and public health units. She has published a variety of papers dealing with health system issues and managing change processes.

Position Paper on
Primary Health Care: Emerging Roles for LPNs

OVERVIEW

The College of Licensed Practical Nurses of Alberta (CLPNA) commissioned this report to better understand the ongoing evolution of the health care delivery system, and to better position the Licensed Practical Nurse (LPN) to continue to be an important member of the health care team, in a primary health model. This paper has been prepared for the CLPNA, by *Nancy Rowan*, BScN, MHSA, CHE, a provincial nursing consultant.

In the late 1990s with the support of the federal government, Alberta created a number of primary care pilot projects. Several of these programs still exist today and serve as models for future development. April of 2003 marked a significant development in the evolution of health reform in Alberta. Regional Health Authorities, Alberta Health and Wellness, and the Alberta Medical Association signed a landmark “Tri-lateral Master Agreement”. This new tri-partite relationship is intended to foster collaboration and share responsibility in the management of the health system. A key initiative outlined in the agreement calls for the development of “Local Primary Care Initiatives”. (LPCIs)

The Primary Care Initiative creates an incentive for general practitioners to work with regions, specialists, and other providers to offer comprehensive 24 hours a day, 7 days a week access to primary care services. Key objectives include:

- Increasing the proportion of “residents” with ready access to primary care
- Providing coordinated 24 hours a day, 7 days a week management of access to appropriate primary care services
- Increasing emphasis on health promotion, disease and injury prevention, and care of the medically complex patient with a chronic disease
- Improving coordination and integration with other health care services including secondary, tertiary, and long-term care through specialty care linkages to primary care
- Facilitating the greater use of multi-disciplinary teams to provide comprehensive primary care.

The Licensed Practical Nurse is a regulated health professional under the Health Professions Act. The CLPNA has worked diligently to assure changes in scope of practice and education preparation support the goals of primary healthcare. Accordingly the LPN is well prepared with the appropriate nursing knowledge, skills, clinical judgment, and critical thinking skills to contribute in all phases of the continuum of care.

As members of a multidisciplinary primary health team, LPNs can enhance the effective use of resources in their ability to be flexible and to multi-skill. This allows them to contribute in a wide

range of settings such as, primary care centers, urgent care centers, palliative care, chronic disease management programs, physician clinics, as well as community health/public health programs.

This document clearly articulates the roles LPNs are currently playing in primary health settings and through the noted recommendations identifies increased opportunities for utilizing LPNs, as well examples of “best practices.” This information provides opportunities for government, regional health authorities, and LPCIs, to look seriously at the value the LPN brings to the primary care team, as they develop business plans for new and already established primary care centers.

In keeping with the Government of Alberta’s goal for primary health care, “the right time, in the right place, and from the right provider” the CLPNA is committed to assist employers and stakeholders to continue to have a clear understanding of the education preparation and scope of practice of the LPN and the potential benefit of this profession to the health care system.

INTRODUCTION

The College of Licensed Practical Nurses of Alberta (CLPNA) commissioned this report to be proactive in understanding the evolution of the health care delivery system, and to position the Licensed Practical Nurse (LPN) to continue to be an important member of the health care team. *Nancy Rowan*, BScN, MHSA, CHE, an external nursing consultant developed this paper for the CLPNA.

This document examines the trends in primary care and integrates findings from field visits to identify current and future opportunities for LPNs within primary care settings.

As Canada's health system evolves there is an increasing recognition that our illness centered treatment system must be reformed if we are to maintain an affordable and sustainable health system. There have been many provincial and federal reports addressing the delivery of health services and recommending new models of care to promote the sustainability and affordability of our publicly funded health care system. The Canadian health care system is predominately illness based and acute treatment focused. It is recognized that an effective health system must take a broader approach and address the determinants of health. This includes addressing the social, economic and environmental as well as medical variables that contribute to individuals' health.

In September 2000, Canada's first ministers of health agreed to make Primary Health Care reform a high priority and to accelerate primary health care renewal. In January 2002 the Alberta Premier's Advisory Council on Health, headed by the Right Honorable Don Mazankowski, issued its report addressing challenges to the health system. A number of recommendations in this report called for the creation of new models of care, including primary health care.

Primary health care has at its core the following:

- Recognition of the central importance of the broad determinants of health
- Use of multiple strategies in addressing individual and population health issues
- Care provided by interprofessional teams
- Provision of a seamless transition and integrated care linking primary care with secondary care
- Effective use of resources
- Timely access to quality care
- Enhancing individuals' ability to take greater responsibility for their own health
- Use of information technology to support the coordination of care.

PRIMARY HEALTH CARE DEFINITION

Primary Health Care is considered broadly as the first level of contact for individuals with the health system – that is, where health services are mobilized and coordinated to promote health, prevent illness, care for common illnesses and manage ongoing problems (National Forum on Health, 1997).

Primary health services include for example, health promotion, illness and injury prevention, screening tests to detect illnesses like cancer, regular examinations, diagnosis and treatment by a health professional, vaccinations, home visits, nutritional counseling, drug dispensing, home care and health information. Primary Health Services also involves a variety of primary care providers including registered/practical nurses, dieticians, family physicians, rehabilitation therapists, public health and home care nurses, nurse practitioners (NPs), pharmacists, mental health therapists, optometrists and others.

Primary health care can be delivered in a number of ways including visits to a primary care centre or an office specializing in primary health care. Some primary health care services can be delivered over the phone (Health Link), through the internet, or through programs like tele-radiology etc. that link physicians and other health providers at different sites across the province

Alberta Health & Wellness (AHW), 2002

It is evident from the interpretation of AHW above, that both concepts are addressed in the definition.

Key goals of primary health care renewal in Alberta today include:

- Enhanced access to comprehensive primary health care services
- Increased emphasis on primary health care as the first point of access (as opposed to seeing a specialist)
- Better assessment, referral and movement within the system
- Shared goals of optimal health and well being (between professionals, Regional Health Authorities [RHAs], communities and individuals)
- Improved 24 hour access
- Better incentives for health promotion and injury prevention through new funding arrangements
- Enhanced information and information technology that will bring together all pertinent patient information (e.g., from pharmacies, physician offices or hospital visits) and integrate decision support tools like clinical practice guidelines or care maps
- Enhanced teamwork.



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DEVELOPMENTS IN PRIMARY CARE IN ALBERTA

In the late 1990s with the support of the federal government, Alberta created a number of primary care pilot projects. Several of these programs still exist today and serve as models for future development. April of 2003 marked a significant development in the evolution of health reform in Alberta. RHAs, AHW and the Alberta Medical Association (AMA) signed a landmark “Tri-lateral Master Agreement”. Previously the Physician Services Budget was negotiated exclusively between AHW and the AMA. This new tri-partite relationship is intended to foster collaboration and share responsibility in the management of the health system. A key initiative outlined in the agreement calls for the development of “Local Primary Care Initiatives (LPCIs)”.

The Primary Care Initiative Agreement creates an incentive for general practitioners to work with regions, specialists and other providers to offer comprehensive 24 hours a day, 7 days a week access to primary care services. Key objectives include:

- Increasing the proportion of “residents” with ready access to primary care
- Providing coordinated 24 hours a day, 7 days a week management of access to appropriate primary care services
- Increasing emphasis on health promotion, disease and injury prevention, and care of the medically complex patient with chronic disease
- Improving coordination and integration with other health care services including secondary, tertiary and long-term care through specialty care linkages to primary care
- Facilitating the greater use of interprofessional teams to provide comprehensive primary care.

A trilateral “Primary Care Initiative Committee” has been instituted to establish province wide standards for LPCIs, establish criteria for business plans that LPCIs must submit for initial approval, develop contractual templates, etc. A number of LPCIs submitted letters of intent and approximately a dozen have received approval and are developing business plans that were to be submitted by December 1, 2004.

Specific change management funding has been allocated for LPCIs. This includes:

- \$1,320,000 for 2003/04
- \$1,250,000 for 2004/05
- \$1,400,000 for 2005/06

LPCIs service responsibilities include:

- Basic ambulatory care and follow-up
- Care of complex problems and follow-up
- Psychological counseling
- Screening/chronic disease prevention
- Well-child care
- Obstetrical care
- Palliative care
- Geriatric care
- Care of chronically ill patients
- Minor surgery
- Minor emergency care
- Primary in-patient care including hospitals and long-term care institutions
- Rehabilitative care
- Information management
- Population health.

Primary health care renewal is expected to promote better health care delivery by addressing the following factors:

- *Effectiveness* – the ability to maintain or improve health
- *Productivity* – the cost of services and the quantity, type and nature of intake services for a health problem or care episode
- *Accessibility* – the promptness and ability to visit a primary health care provider, and ease of accessing specialized and diagnostic services
- *Continuity* – the extent to which services are offered as a coherent succession of events in keeping with the health needs and personal context of patients
- *Quality* – the total appropriateness of care as perceived by patients and professionals, including compliance with guidelines, as well as, the stability of services
- *Responsiveness* – the consideration of and respect for the expectations and preferences of service users and providers.

Canadian Health Services Research Foundation et al., 2003

The degree that the above elements are met by new primary care initiatives will be critical factors in their success.



James NorQuay LPN - Northeast Community Health Centre, Edmonton

PRIMARY CARE ORGANIZATIONAL MODELS AND THE ALBERTA EXPERIENCE

There are a variety of models for organizing primary health care. Most common are professional primary healthcare models and community healthcare models.

Professional models deliver care to their patients or people who register with a practice. This is generally a physician practice that may or may not have LPNs/RNs or other professionals associated with it. There is little in the way of mechanisms to provide follow-up care other than the patient loyalty to a physician. The range of services provided, are relatively limited to preventative, diagnostic or curative models.

In Alberta, primary care initiatives in Calgary and Taber are more or less aligned with the professional model. However, collaboration between the physician practice and the RHA has led to an expanded, more comprehensive set of services. The Crowfoot Family Practice in Calgary has 12,000 rostered clients. Physicians work with LPNs/registered nurses (RNs) who assist by assessing patients, dealing with medications, assisting with sutures, removing sutures, flagging abnormal results and booking appointments. RHA staff support the practice in providing nursing resources for end stage renal disease, home care and public health. The clinic is currently negotiating with the region to put a public health nurse on site. In addition to the above an LPN is now working as a lactation consultant in this setting.

The Taber Medical Clinic with a 15,000 person catchment area has expanded its range of services through collaboration with the Chinook Health Region. It is able to offer an asthma and diabetic clinic. The RHA has contributed professional resources including public health nurses, a respiratory therapist, a dietician and a nurse educator to facilitate the integration of services. Clinic staff includes physicians, LPNs/RNs and a NP. A new direction will be to focus on chronic disease management. Positive outcomes of this model include reduced lengths of hospital stays and readmissions.

Community health care centres are emerging as a more comprehensive approach to care for communities of people. This model seeks to provide health, social and community services as required on a 24 hours a day, 7 days a week basis. Care is provided by teams of professionals from various disciplines, which provide a range of interventions. Services are offered to promote health, prevent disease and provide diagnostic, curative, palliative, rehabilitative, homecare and early detection services. A key feature is the focus on the continuity of care and cooperation with other providers.

Examples of these integrated health care centres in Alberta include the Boyle McCauley Health Centre and the Northeast Community Health Centre in Edmonton, 8th and 8th Health Centre in Calgary, and Bassano Health Centre in Bassano. These centres provide a wide range of services designed specifically to meet the needs of the community they serve. Services include family practice, “walk-in” and/or urgent care, mental health, women’s and senior’s programs, well baby/public health and many others. Diagnostic services such as laboratories and diagnostic imaging are usually on site. Programs

and services vary depending on location, funding and philosophies. For example, 8th and 8th in Calgary, screens every patient for domestic violence. Most centres have strong connections and share space with other community agencies or programs such as addictions counseling, communicable diseases programs (sexually transmitted diseases [STDs], human immuno-deficiency virus [HIV], tuberculosis [TB]), needle exchange programs, social work, Family and Community Support Services (FCSS), mental health, etc. Health education programs are targeted to the needs of the community. Staff may work closely with community groups to raise awareness of social issues and collaborate on interventions (e.g., building a skateboard park to keep kids off the streets, nutrition education, etc.).

A third model for organizing primary health care that seems to be emerging in Alberta is the development of **networks of services** that combined, meet the goals of primary health care. This network includes stand alone urgent care centres, telephone advice (Health Link), internet information and education, community services such as immunizations, school health and health promotion programs. Palliative care is becoming another predominately primary care based activity occurring in community settings. For example, in Calgary, the proportion of cancer deaths in hospitals dropped from 76% in 1992 to 56% in 1996.

Capital Health seems to have embraced the network model in addition to the other two models described above. The health authority has taken steps to identify gaps in services and provide components of primary care services to fill the gaps, thus establishing a network of complementary services. Capital Health Link connects the caller with a RN 24 hours a day, 7 days a week, who can answer health questions and give advice in a timely manner while also relieving pressure on emergency departments and doctors offices. Capital Health website www.cha.ab.ca provides information from finding a new family physician to staying healthy and managing chronic diseases. Health First Strathcona provides after hours care to the residents of Strathcona County. The Northeast Centre has a freestanding emergency department attached to its primary care offices.

All models rely on information technology to promote integrated care. Alberta's significant investment in the development of electronic medical records will be key to facilitating successful primary care initiatives.

Clearly, there is no one organizational model that describes primary health care services. It is evident that services can be as varied as one's imagination. What is fundamental to all initiatives is the underlying philosophy of providing services in an integrated, coordinated and timely manner, that meet the needs of the population being served and by providing services through an interprofessional team that supports a wider range of health care interventions. These services will support individuals in making healthy choices and offering services to help individuals maintain independence in the community.



Boyle McCauley Health Centre

Tina Wilson NP, Jennifer Preston LPN - Boyle McCauley Health Centre, Edmonton

IMPLICATIONS FOR LICENSED PRACTICAL NURSES

The move toward primary health care involves not only changing the delivery systems but also changing the way health providers have typically worked. Managers are designing systems that in many cases have not been tried before and the delivery systems and staffing guidelines are not clear. Interprofessional teams are challenged to have a good working knowledge of one another's roles and responsibilities and an understanding of effective team work. Information systems to support the delivery model are just beginning to be established.

It is in this evolutionary environment that the valuable role of the LPN and the important contribution of the LPN to the provision of care within primary health care services must be understood and implemented.

There are many opportunities for LPNs to support the goals of primary health care renewal. LPNs have the knowledge, skills and abilities to contribute in all phases of the continuum of care from prevention to treatment and management, to long term and palliative care. As members of the interprofessional team, LPNs can enhance the effective use of resources contribute in a variety of services. For example the LPN with the advanced orthopedic education, is highly valued by the RHAs, as having an important skill set, that is enhanced by the LPNs ability to multi skill.

The new health professions legislation supports the necessary changes in scopes of practice by promoting flexibility in the system and allowing health professionals to work together in new innovative ways. Overcoming the legislative barriers to effective teamwork is just the first step needed to build productive teams. This must be followed by change that is planned, supported and managed. One Alberta primary care site, found that facilitation of team-building was instrumental in giving the team members a better understanding of one another's roles and responsibilities, thereby promoting their ability to effectively work together. It is important to recognize that LPNs will have independent, interdependent and often overlapping roles on primary care teams. It is not as much about working to one's full scope of practice as it is recognizing that many health professionals have common knowledge skills and abilities. Who does what depends on the needs of the client and negotiation among the team as to how the services are best delivered and by whom.

Opportunities for significant LPN involvement in this changing health care environment include:

- Chronic disease management (e.g., in physicians offices, home care, senior support programs, outpatient programs for diabetes, chronic obstructive pulmonary disease (COPD), asthma, renal disease, etc.)
- Ambulatory care centres for non-urgent and emergent care
- Preventive care, immunization, school health programs (e.g., nutrition, smoking reduction, etc.)
- Technical skills and expertise (e.g., casting, dialysis, electrocardiograms [ECGs], venous puncture, etc.)
- Birth to death - wellness and support.

SUMMARY

Based upon the evolving nature of Primary Health Care Services, the many relevant reports and documents, as well as the feed back from the sites visited, it is evident that there is and continues to be a strong role for the LPN. Several examples of current “best practices” can be seen in the summary of the site visits. The following recommendations are presented as a way for the CLPNA to embrace opportunities and to work in collaboration with key stakeholders in the primary health care settings.

	<h2 style="color: #00A69F;">RECOMMENDATIONS</h2> <p>These recommendations support THE VISION of the CLPNA for integration of LPNs into primary health.</p>
1	<p>Promote interprofessional education and learning opportunities for practical nursing students at the basic level, and LPNs in the workforce at a post secondary level.</p> <ul style="list-style-type: none"> ■ Develop student placements in primary care settings ■ Promote interprofessional team building opportunities, theory and practice of group dynamics, personal accountability and effective team member skills ■ Enhance LPN competencies in patient assessment in urgent and emergent care, including the triage role in these settings.
2	<p>Market to approved LPCIs and other Primary Health Care sites the value of the role of the LPN within this health care delivery model.</p> <ul style="list-style-type: none"> ■ Articulate the role of the LPN in chronic disease management ■ Focus on the LPN's ability to synthesize knowledge.
3	<p>Maintain the LPN's ability to multi skill, while providing increased opportunities to develop a specific skill set, such as advanced orthopaedics, renal dialysis, immunization, etc.</p>
4	<p>Define the role of the LPN in primary care centres, urgent care centres, palliative care, chronic disease management, physician's office practice, community health/public health programs.</p>

SITE VISITS

Boyle McCauley Health Centre, Edmonton

In operation for over 20 years.

- A geographically based, enrolled population which includes inner city neighborhoods of Boyle, Norwood and McCauley.
- Clients are generally poor, disadvantaged, inner city residents.
- Services include:
 - Medical
 - Dental
 - Mental health
 - Well baby
 - STD
 - TB
 - Public health needle exchange
 - Lab/X-ray
 - Addictions counseling
 - Acupuncture
- Clients are either walk-ins or have appointments. Staff resources include:
 - Physicians
 - NPs
 - LPNs
 - Social worker
 - Mental health professionals
 - TB nurse
 - Dentist
- Funded by a mix of arrangements including some support from Capital Health Authority, some grants.
- Two LPNs work the front desk and do triage, schedule appointments and manage the flow of patients.

Note:

The LPNs are independent team members. LPNs meet and triage patients, take vital signs, do sutures, dressings and injections, and check the electronic health record. There currently are no RNs on staff. Management has been impressed with the LPN's willingness to "rise to the occasion" (e.g., upgraded to enable themselves to administer medications and established a system for internal flu clinics).

Protocols have been established to support the triage role. Management notes that these LPNs tend to be long term employees and have a good knowledge of their limitations.

A key item to the success of the centre is a strong team. Any change in programming involves the interprofessional team in strategic planning. The team spirit is fostered by BBQs, potluck dinners, etc.

SITE VISITS

Capital Health

A variety of “primary care” projects have and are developing to meet differing needs:

- The Northeast Centre developed as the region identified perceived gaps in care. This is a high needs population that is challenged with poverty and violence.
- Sherwood Park on the other hand has a population of healthy, wealthy, educated individuals. There was a need in that community to enhance family practitioner services. Thus, an after hours care centre was opened to operate from 7 p.m. to 2 a.m. This clinic treats a high number of fractures and sprains. An LPN with advanced orthopedic skills would be very welcome.
- Two new local primary care initiatives are in the process of being developed. These initiatives envision that the physician would work in collaboration with an interprofessional team to offer services outlined in the LPCI agreement.

Primary Care Division, Community Health Services, Capital Health

Capital Health Authority includes community health services (formerly public health) as part of its primary care services. Services include:

- Health link- a telephone advice and referral service run by RNs.
- Preschool programs (e.g., immunization programs, speech and language assessment, early intervention programs).
- School health programs (e.g., speech and language assessment and treatment, immunization, dental, vision and hearing testing, health education, behavioral and developmental assessments).
- Prenatal and postpartum programs (e.g., prenatal classes, breast feeding, support for women with high risk pregnancies, postpartum home visits).
- Health education - current population health priorities include tobacco reduction, injury prevention (falls and bikes), mental health (bullying), active living and nutrition.
- Senior adults programs and services (e.g., primary health care clinics in lodges and community centres, community supports for seniors living, flu and pneumococcal immunization, community groups for stroke survivors).
- Community programs and services (e.g., birth control and family planning, teen clinics [birth control, pregnancy testing, STD testing], Streetworks [needle exchange], Women and AIDS [information and support]).
- Special projects and initiatives.

LPNs are utilized in the immunization program and 5 LPNs are currently being introduced into the school program. Capital anticipates a growth in LPNs in chronic disease management such as diabetes, congestive heart failure, renal disease and dementias. As well, LPN skills are highly valued in certain medical procedures such as casting and renal dialysis.

SITE VISITS

Northeast Community Health Centre, Capital Health

Established as a result of a lobby campaign of community members. There were no inpatient beds, emergency services or specialist services in the area.

- Opened in 1999 with a full service, free standing emergency (the only one of its kind in Canada).
- The community is characterized by poverty, single parent families, the working poor, children's mental health issues, immigrant population and lack of specialists.
- Services include emergency, teen pregnancy, drug addiction (hidden within the home), family health, mental health, child and adolescent health, community health women's health and senior's health.
- Physicians are on an alternate payment plan.
- Staff delivery services in an "integrated service model" that includes LPNs/RNs, physicians, dieticians etc.
- Currently have 2.8 FTE positions for LPNs. LPNs with advanced orthopedic training are highly valued due to orthopedic skills as well as the ability to multi skill.
- Envision that in the future LPNs can do assessment after triage and use a variety of skill such as administering medications, flush, monitor and maintain heparin locks, performing ECG, etc.

Crowfoot Family Practice, Calgary

Established in 1994-1995, further to a tripartite initiative with AMA, AHW and RHAs.

- Offers regular office hours with a physician on call.
- The physician practice includes 12,000 rostered clients.
- Clientele are primarily from a nearby "well to do" Calgary neighborhood. Generally a healthy population, well educated and willing to try new things.
- Services include:
 - Telephone assessment and may be referred to health link
 - Physician office practice working in teams with other professionals
 - RN performs well women pap smears, foot care, blood pressure checks and patient education
 - Clinic collaborates with RHA RNs for end stage renal disease, home care and public health. Currently negotiating with region to have a public health nurse on site
 - In the future the practice anticipates a greater collaboration with the RHA that would see the addition of a diabetic nurse, physical therapist and dietitian
 - Lactation consultation.
- Staff Resources
 - RNs and a LPN lactation consultant. Work primarily assisting physicians, assessing patients, dealing with medications, assisting with sutures, removing stitches, setting up trays, flagging abnormal results and booking appointments
 - The doctors use RNs because that is what they are comfortable with. There is a perception that an RN might capture something that the physician misses.

SITE VISITS

8th and 8th Clinic, Calgary Health Region

Opened 7 years ago following the closure of the downtown hospital to meet the needs of the disadvantaged downtown population.

- Services
 - 24 hour urgent care funded by the RHA
 - Mental health services
 - Public health services including vaccinations, post partum visits, newborn and maternal assessment, seniors health, school health
 - Home care services
 - Collaborate with the HIV, STD and methadone clinic
 - Every patient is screened for domestic violence
 - Participate in community development such as skate board park and teen housing
- Staff resources include: RNs and LPNs, family practitioners, student nurses and emergency medical technicians. Deliver care in a team setting.
- RNs perform medical triage as well as making referrals to STD and other clinics.
- Currently LPN's work in both public health and urgent care giving injections and tetanus shots.
- In the future would like LPNs to start IVs, do venous puncture and work with physicians in follow up of patients including call backs for untoward results.

Bassano Health Centre, Palliser Health Region

The oldest hospital in the province. Has undergone a role change losing surgery and obstetrics to larger centres.

- Seized the opportunity in 1995 with the advent of regionalization to be more responsive to community needs developing primary care services by converting old staff accommodation in the basement to office space.
- Serves a population of about 3,600 including ranching and farm residents, 7 Hutterite communities and 1 aboriginal community.
- Staff includes 2 physicians and 1 primary care RN.
- A comprehensive set of services is offered through coordination with 19 other services and agencies including home care, social work, Family & Community Support Services (FCSS), public health, Alberta Alcohol & Drug Abuse Commission (AADAC), etc. Coordination is facilitated by a daily team meeting with the physicians and primary care nurse. Coordination is supported through the electronic health record.
- Outreach programs are based on community need (e.g., drinking, relationship abuse, playground violence, health eating and breast cancer).
- Plans for future programming include an intensive diabetes program and a focus on chronic disease management.
- Envision an expanded role for LPNs in urgent care assessment (adult and pediatrics), flu clinics and PRN pain control, as well as in the role of team leaders in continuing care.

SITE VISITS

Taber Medical Clinic, Chinook Health Region

Started over three years ago as a pilot project that included collaboration with the Chinook Health Authority, Taber Medical Clinic, the AMA and AHW.

- The goal was to improve the development of health services using existing resources.
- Included the integration of primary care, information systems and alternate payment plans for physicians.
- The clinic serves 15, 000 patients in partnership with Taber and Bow Island based on a geographic roster by postal code.
- Services include:
 - Asthma program
 - Diabetic clinic
 - Family practice. This includes a combination of physicians and their staff with RHA staff. Physician clinic staff include RNs, an LPN and a NP
 - RHA staff include public health, respiratory therapists, dietitian, RN educator for diabetes and lipids
 - Future development will include a Well Women's Clinic run by a NP who would be doing full assessments including, pap tests, breast exams and coping/counselling.
- Currently developing an asthma program with community linkages and a hypertension program.
- New focus on chronic disease management including asthma, diabetes and vascular diseases. Shift from one to one education to group education.
- Staff resources include:
 - Respiratory therapist for asthma program
 - Physicians
 - RNs
 - LPNs
 - NPs
 - Physician clinic staff are teamed with RHA clinical staff (e.g., public health, respiratory therapists, dieticians and a nurse educator for diabetes and lipids).
- New directions include a focus on chronic disease management, expanding roles of asthma education to include COPD, expanding diabetes to broader vascular education, shifting from one to one education to group education.

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