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Abstract

The Prince Edward Island way - does it work?

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Abstract

Introduction: Many family doctors in Prince Edward Island, Canada, use two or more consulting rooms, with patients initially assessed by office nurses. They are typically Licenced Practical Nurses (LPNs) with 2 years of non-university diploma-level training. Standards of assessment are highly variable, ranging from a brief chat/presenting symptoms/vital signs right through to excellent histories and physical exams. There has been little or no critical evaluation of this way of working – surprisingly so, given public concern about healthcare costs. As a first step, we decided to audit the effectiveness of skilled nurse assessment by looking at diagnostic accuracy and 'value added'.

Methods: We examined 100 consecutive assessments per nurse and recorded if diagnosis/diagnoses accorded with doctor findings. As a secondary check, we reviewed each file after 6 months to see if the doctor had missed anything. We also looked at other items that the doctor would probably have missed if seeing the patient without nurse assessment, eg screening advice, counselling, social welfare advice, and education on self-management of minor illness.

Results: As yet incomplete but look interesting – will be available in next few weeks.

Discussion: We initially did a 1-day pilot study in another location with a one doctor/two nurse collaborative team. We easily saw 50% more patients and we improved quality of care compared with the usual routine. We then moved to a new practice to road-test this approach. Results are presented.