

Promising Practices for Strengthening Primary Care

Primary Care Pop Up – Carbonear Impact Clinic



The challenge

In Conception Bay North, Newfoundland and Labrador, about one in five patients lack access to team-based primary care or a family doctor. This leads to an increased reliance on emergency departments (EDs) as the primary access point for care. Long wait times in the ED means that many people leave without receiving care. Further, those who are seen in ED receive only episodic care based on their presenting complaint and are not able to access the other services or preventative care.

The promising practice

The Carbonear Family Care Team (CFCT) and Carbonear General Hospital ED created the Carbonear Impact Clinic (CIC). Private community physicians agreed to work shifts in the CIC on a rotational basis. Patients are triaged from the ED to this clinic when care needs are appropriate for primary care assessment. Patients are seen through the CIC instead of the ED and receive care for their acute needs while also being offered preventative screenings (such as Pap smears and cancer screenings) and chronic disease management (e.g., optimizing treatment for diabetes, heart disease, chronic lung disease, etc.). Patients without a family doctor are also added to the provincial registry, Patient Connect NL.

Example impacts

Operating since August 1, 2024, the clinic is open three days a week.

- In September 2024, approximately 175 patients waiting in the ED were triaged for the CIC. Of these, 156 received care at the CIC.
- On clinic days, ED wait times decreased significantly, and the percentage of patients leaving without being seen dropped from 15 percent to zero. The wait time for CIC is less than one-hour from identification of potential patient to patient seeing a physician.
- Reduced number of patients waiting in the ED positively impacted the well-being of ED providers and staff.

**“RN was awesome!
Quick, professional
and efficient. The
doctor was thorough,
professional and clear
with her instructions.
Overall, it was a fantastic
experience and far better
than waiting in ED.”**
- CIC patient



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Keys to success

- **Administrative and nursing support** provided by CFCT.
- **Flexible employment model** where physicians from private community clinics can self-select shifts and have infrastructure available to support service delivery.
- **Referral pathways** to team-based care improve health outcomes for patients assessed at CIC.
- **Partnerships** with several internal programs (ED, family care team) as well as family practice networks, private community physicians and community advisory committees.
- **Ensuring continuity of care.** For the first hour of each shift, doctors review patient charts from previous visits and ensure timely follow-up.
- **Champions**, including local rural community physicians.

Lessons learned

- The CIC improved access to care for people with and without a family doctor. 60 percent of patients receiving care at the CIC had a family doctor but lacked timely access to their services.
- The CIC helped ease the burden on EDs while ensuring residents receive timely and comprehensive care.

How can I learn more?

Contact the organization.

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"I think that this service is going to be very good for everyone involved."

- CIC patient

Why was this summary created?

Newfoundland and Labrador Health Services (NLHS), participated in Healthcare Excellence Canada's (HEC) Strengthening Primary Care (SPC) program.

SPC brought together 20 primary care organizations from across Canada to advance practices to improve access to safe, including culturally safe, team-based primary care. This promising practice summary was co-produced with NLHS to help others learn about their work and generate discussion about how similar approaches could be adapted and applied elsewhere.

