

IPB Analysis: Chronic Disease in Rural Environments



PATIENT SCENARIO

A 68 y/o Caucasian male living 1 hour outside of Lillooet in a rundown house without hot water or electricity. He has no family support and relies on pension for income. He is admitted to the floor due to diabetic ulceration to sole of foot awaiting further planning. Vascular surgery was consulted and recommended a BKA, vascular surgeon did not talk to patient in person or over the phone and instead relayed info through nursing staff. Patient is refusing BKA, displays lack of health literacy as displayed by non adherence to medication due to health beliefs around natural healing. There is no hospital in his local community and no vascular surgeon local to Lillooet.



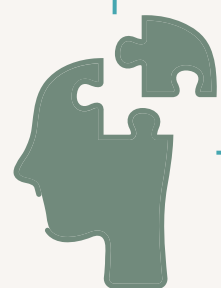
INTERRELATIONSHIPS

There are a number of factors that influence Martin's health outcomes. The hospital is not only short staffed but they have no local NSWOC and no home health services where he lives. Because of this, the staff have no option but to admit Martin as he cannot do his care at home. Furthermore, the consult with the vascular surgeon was done via telephone without the wound being assessed by the vascular surgeon in person. As the vascular team is based in Kamloops, the care for Martin is not collaborative, rather is quite siloed. Due to insufficient resource allocation to Lillooet, they don't have the resources to maintain full staffing, there is minimal to none primary care access and even a lack of supplies. All culminating to an absence of services.



PERSPECTIVES

There are four key perspectives in this case. Firstly, Martin wants to keep his leg and feels that he is fighting with the surgeon to keep it. Martin wonders if the surgeon actually cares. The surgeon is treating this case like any other of the dozens on his plate. The surgeon is busy, unable to see Martin in person, and is doing his best to fix everyone but knows he can't. The rural nurses want to provide good care to Martin and are advocating for Martin but feel like they are being dismissed by both the surgeon and Martin's primary doctor. Finally, Interior Health is allocating resources, funding, and staff to the rural site and hoping it is enough to keep the site running, but cannot provide every patient with every special care item they need. Overall, everyone, especially Martin, wants this case to have a good outcome, but this case has become a fight between the surgeon, the nurses, and Martin - it has truly become the fight of his life.



BOUNDARIES

Many of the boundaries in this case are in relation to the rural/remote setting. It is difficult to recruit staff to rural/remote settings, leading to short staffing and subsequent absence of services, which in this case includes the absence of home health staff and a local NSWOC. Additionally, the consulting vascular surgeon was not local, leading to a disconnect between the surgeon and Martin. Being a rural site meant that the nurses present at the site were used to having autonomy in their practice, but were often dismissed by urban doctors who were consulting on cases. Being far from a city means that it can be difficult to get specialized wound care supplies as they often had to be specially ordered. Additionally, it would be difficult to improve the condition of Martin's home as there was a lack of skilled tradespeople in the area and the area lacked the supplies needed to upgrade his home.

