Nanaimo
Division of Family Practice
A GPSC initiative

NANAIMO LONG TERM CARE INITIATIVE
GPSC FIVE BEST PRACTICE EXPECTATIONS GUIDELINES

Physicians will be expected to commit to working toward the GPSC best practice expectations.

Guidelines for each expectation are listed below.

PROACTIVE VISITS TO RESIDENTS

Each community will have established expectations for regular visits to residents.

Physicians should visit each patient at a minimum of every three months. However, it is still expected that residents will also be seen when need arises. Effective case conferences and medication reviews are also types of proactive visits.

It is recognized that regular visits can improve teamwork, and help identify problems in a timely manner.

MEANINGFUL MEDICATION REVIEWS

The expectation will be for a meaningful medication review to be completed *as soon as possible after admission*, and thereafter, *at least* every six months, *and* at any change in the resident's health status, *and* after any transfer back from acute care

An onsite review is preferable, but may be completed by videoconference or teleconference preferably with a pharmacist and other team members available to provide their expertise.

There should be documentation to support the benefit of a medication in the context of:

- The goals of care for the resident
- Current indications versus potential for adverse events/side-effects
- Total number of medications
- Medications that may be of low value or no longer needed
- Care-staff time taken up by administration of multiple medications

N.B. A faxed page with a "tick box" for approval with no discussion is not adequate.

Although six monthly pharmacist-led medication reviews are already mandated by the College of Pharmacists, the engagement of physicians in these reviews can improve the effectiveness of these reviews.

COMPLETED DOCUMENTATION

This expectation aims to have completed documentation, including medical summaries and advanced care plans expressing patient and family preferences at end-of-life, for 100% of residents in each facility.

Advance care plans may include various documents and should guide the providers to respond according to the wishes and values of the patient and family at end-of-life. These need to include resuscitation preferences and many areas will use the MOST forms.

Medical summaries should reflect why the patient is in long term care (e.g. a problem list) and any information useful for rapidly understanding the patient's issues.

Charts should be easily referenced to help physicians covering each other's patients, and for patients on-transfer to acute facilities.

Documentation of visits, case conferences, pharmacy reviews, care plans, and communications between physicians and staff need to be well-documented to ensure optimal patient care.

ATTENDANCE AT CASE CONFERENCES

This expectation means that the dedicated GP MRP or designate will provide input into and attend the resident's initial and subsequent annual care conferences that are mandated under the care home licensing acts.

The participants at these care conferences are not defined under the act. The composition of the team varies for each institution.

Every effort will be made by the care home to accommodate family physician schedules.

If an MRP physician or delegate (e.g. Locum) cannot attend in person, then billing rules allow attendance by teleconference including telephone, video or Skype/FaceTime electronic attendance. These times can reasonably be booked into an office schedule.

If an MRP physician cannot attend in-person or electronically, then ***the physician should give constructive and structured input prior to the teleconference.***

Where there are medical directors and an MRP physician cannot attend the care conference, then the medical director will liaise with the MRP after the conference.

The first care conference is particularly important as this is when the new resident's medical and social history can be collated. Input from a resident's relatives or principal supporters regarding their premorbid personality and interests is of vital importance. Goals of care, expectations, and end-of-life planning should be solidified at this initial care conference. An MRP's input, especially if they enjoyed a long association with the new resident, is valuable.

24/7 AVAILABILITY AND ON-SITE ATTENDANCE, WHEN REQUIRED

This expectation means that all day, every day, there will be a clear system in place for physician coverage.

This will inform residential care staff how to access medical assistance in a timely manner, whether by ***phone, fax, other electronic media, or in-person***.

To foster effective communication between staff and physicians, it will be important to identify and implement improvements to communication flows for physicians with nurses and care aides and to the organization of patient information in charts and computers

Prototype residential care programs have shown that this can reduce unnecessary transfers to acute settings with its associated costs and risks, and improve teamwork between physicians and facility staff.