

**LONG TERM CARE INITIATIVE: PHYSICIAN SERVICE AGREEMENT
BETWEEN THE NANAIMO DIVISION OF FAMILY PRACTICE AND LTCI PHYSICIAN**

PHYSICIAN NAME:

College Number*
*Unique Identifier

OFFICE HOURS **Office Fax:**

Normal Working Days **Mon** **Tues** **Wed** **Thurs** **Fri**

CONTACT INFORMATION

Weekdays : Daytime **Telephone** **Cell**

MOA NAME

The above named physician agrees to provide, or work towards providing the following services

1. PROACTIVE VISITS TO RESIDENTS

The named physician will visit residential care facilities on a scheduled regular basis to include:

- 1.1 A medication renewal order within 1 week of admission
- 1.2 First visit to take place between 1 - 4 weeks of patient being admitted to facility
- 1.3 Minimum of quarterly visits for each resident in their care (can include case conferences and medication reviews).

2. MEANINGFUL MEDICATION REVIEWS

The named physician commits to medication reviews, and will:

- 2.1 Complete a meaningful medication review:
 - 2.1.1 As soon as possible after admission (may be combined with admitting case conference)
 - 2.1.2 At least every six months following initial review
 - 2.1.3 Upon any change in the resident’s health status
 - 2.3.4 After any transfer back from acute care
- 2.2 Consult with pharmacists and other team members for feedback and information about the patient’s medical history
- 2.3 Endeavour to attend an onsite medication review. If this is not possible, the review will be completed by videoconference or teleconference.
- 2.4 Document rationale for the introduction or withdrawal of medications

3. COMPLETED DOCUMENTATION

The named physician will endeavour to ensure the following documentation is available for each residential care patient:

- 3.1 Documentation of visits, case conferences, pharmacy reviews, care plans.
- 3.2 Medical summaries: To reflect why patient is in care; and information useful for rapid understanding of patient’s issues.
- 3.3 Advanced care plans expressing patient and family preferences.

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4. ATTENDANCE AT CASE CONFERENCES

The named physician will provide input into and attend the resident's initial and subsequent annual care conferences as mandated under care home legislation, and agrees:

- 4.1 To endeavour to attend all case conferences either in person or via teleconference
- 4.2 Admitting case conference will take place no later than 6 weeks after admission.
- 4.3 Follow up case conferences will be conducted annually.
- 4.4 If unable to attend a case conference the physician should give constructive and structured input prior to the teleconference.
- 4.5 Where the physician cannot attend the care conference, then the physician will liaise with the Medical Director / Facility Care Manager (or equivalent).

OPTIONS FOR ON-SITE ATTENDANCE and 24/7 AVAILABILITY

Please tick ONE of the following statements and complete the following information as fully as possible.

- A. *The named physician agrees to provide availability and on site attendance during standard office hours*, AND **OPTS OUT** of any out of hours cover*
- B. *The named physician agrees to provide availability and on site attendance during standard office hours, AND out of hours cover for their **NAMED PATIENT(S)** only.*
- C. *The named physician agrees to provide availability and on site attendance during standard office hours, AND provide out of hours cover within a **FACILITY/CLINIC CALL ROTA**.*

If you ticked (B) or (C) above, please supply your: OUT OF HOURS CONTACT INFORMATION

Telephone	Cell	Fax.

ARE YOU IN AN EXISTING CALL NETWORK? YES NO
IF NO, WOULD YOU LIKE TO BE IN A CALL NETWORK? YES NO

This agreement is made as of day of 20

Between:

Physician

Treasurer: Nanaimo Division of Family Practice