

*A Guide to*  
Nanaimo Long Term Care  
Peak On Call Pilot



Peak On Call Line: 1 (450) 990-6200

### In this guide:

- Peak On Call Coverage Overview
- Features of the Peak On Call Pilot
- Roles & Responsibilities
- Peak On Call Communication - SBAR
- Call Exceptions
- Key Contacts

# Long Term Care (LTC)

## Peak On Call Pilot Coverage Overview

Developed and supported by the LTCI program team, coordinated Urgent Call coverage helps to ensure consistent 24/7 care for all residents living in Long Term Care.



### About the Nanaimo LTC Peak On Call Pilot

To support continuity of care, an Urgent On Call process will be piloted during times when capacity for cover may be limited (e.g. vacations).

During peak periods, calls for urgent Peak On Call medical issues will be directed to one central telephone number, and forwarded directly to the Physician On Call (POC). When facility staff call, they will immediately be connected with the POC.

The POC will **ONLY** cover LTCI Physicians who have provided notice of absence to their LTC Centre.

The LTCI team commits to assist with orientation and monitoring of the LTC Peak On Call Pilot system, and to work with facility teams on any issues of concern.

# Peak On Call Coverage Features

- ACCESS: Just ONE phone number for nursing staff to access the POC for urgent medical needs (1-450-990-6200)
- WHO IS COVERED? Nanaimo LTCI Physicians who have provided notice of absence to the Long Term Care Centre.
- SBAR: Calls must be organized by using the custom on-call SBAR form. If this has not been prepared, the Physician cannot respond.
- FOLLOW UP TO MRP: A follow up communication note will be sent by facility staff to the resident's MRP noting any follow up required, as well as to the POC for their records.

## On Call Physicians

- Have opted into the Long Term Care Initiative (LTCI) and agreed to meet the GPSC best practice expectations
- Have 1 or more residents in 1 or more of the covered sites
- Are willing to supply urgent clinical advice, including on-site visits if needed, **with the aim to reduce ER visits**

# Roles & Responsibilities

## Peak On Call Physicians

The members of the Peak On Call pilot are committed and highly skilled Physicians, experienced in geriatric care.

Physicians On Call are responsible to:

1. Meet urgent coverage practice expectations, including timely responses and on-site visits if needed, aiming to reduce ER visits
2. Opt in to the LTCI program
3. Be MRP for 1 or more residents in the Nanaimo area

## LTC Staff Members

Facility staff play a central role within the new on call pilot, as you initiate and receive key communications vital to the well-being of all residents.

Facility staff members are responsible to:

1. Prepare the custom SBAR form *prior* to calling the peak on call line
2. Employ on-call coverage for **URGENT** Resident issues only.
3. Carefully respond to coverage exceptions, where the resident's MRP has requested to be the on-call contact
4. Provide and continuously update on-call facility access information

## The LTCI Program Team

Broadly responsible to support the Peak On Call pilot the LTCI team will be there every step of the way to assist with orientation and monitoring of the new call system, and to work with you on any issues of concern.

The LTCI Team is responsible to:

1. Set up and maintain the central call number forwarding
2. Maintain a call group schedule responsive to call group member needs
3. Support to facility teams and physicians to evaluate and modify the call group processes, as required
4. Gather and continuously update facility access information
5. Support physicians and facility staff to maintain effective and efficient communications
6. Generate payment to Physicians completing Peak On Call coverage

# Peak On Call Communication-SBAR

Situation

Background

Assessment

Recommendation

Peak On Call Communication SBAR		URGENT Resident issues only for Peak On Call Coverage.	
Complete this form <b>prior</b> to calling dispatch at 1-450-990-6200			
HAVE READY <input type="checkbox"/> MAR <input type="checkbox"/> Chart & MOST <input type="checkbox"/> Completed SBAR		Resident Name (Last, First)	
Responding Physician (Last, First)		Resident DOB	
Caller Name <input type="checkbox"/> LPN <input type="checkbox"/> RN		Resident PHN (10)	
Facility:		Resident's MRP (Last, First)	
Call Time:		Resident's Primary Contact (Name & Phone)	
Call Date:		Phone:	
Local:			
<b>SITUATION</b> <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Confusion <input type="checkbox"/> Fever <input type="checkbox"/> Query fracture <input type="checkbox"/> Notes: _____ <input type="checkbox"/> Agitation <input type="checkbox"/> Cough <input type="checkbox"/> Influenza symptoms <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Cardiac <input type="checkbox"/> Death (unnatural) <input type="checkbox"/> Lab values (critical) <input type="checkbox"/> Skin problem <input type="checkbox"/> Change in LOC <input type="checkbox"/> Delirium <input type="checkbox"/> Medication error <input type="checkbox"/> Urinary concern <input type="checkbox"/> Chest pain <input type="checkbox"/> Diabetes <input type="checkbox"/> Pain management <input type="checkbox"/> Gastrointestinal concerns <input type="checkbox"/> Fall with injury <input type="checkbox"/> Palliative orders <input type="checkbox"/> Other (note & inform dispatch)			
<b>BACKGROUND</b> Relevant Medical History / Usual Functional Status			
Allergies MOST Designation M _____ or C _____			
<b>ASSESSMENT</b>			
BP	Pulse	Temp	GCS
RR	SpO <sub>2</sub>	Room Air <input type="checkbox"/>	Assessment Findings:
		Oxygen <input type="checkbox"/> L/min	
# Available/Returned			
INR	BG	eGFR	Pain
<b>RECOMMEND</b> Nursing Recommendations (eg. medication order; on-site assessment, etc.)			
<b>RESPONSE</b> Physician On Call Response (nurse to note instructions & orders, in addition to writing orders in chart)			
<b>FOLLOW-UP</b> Nurse or Designate to FAX completed SBAR & Additional Documentation to:			
1. Physician On Call: <input type="checkbox"/> SBAR Date: _____ Time: _____			
2. MRP: <input type="checkbox"/> SBAR <input type="checkbox"/> Additional Documentation (if on-call Physician visited) Date: _____ Time: _____			
<input type="checkbox"/> Follow-up required <input type="checkbox"/> For your information only			
Place completed SBAR in the 'Physician Notes' section of resident chart: <input type="checkbox"/> Date: _____ Time: _____			

The custom SBAR tool enables quick, consistent communication of key resident information in urgent situations. Use of the SBAR supports both efficient use of physician and staff time, as well as enabling a clear follow up process to the MRP.

## Instructions: Peak On Call Physician Communication – SBAR

The purpose of the On Call Physician Communication - SBAR form is to enable quick, consistent communication of key information in an urgent situation, and to provide clear feedback to the resident's Most Responsible Physician (MRP). This communication tool is for **URGENT** resident issues ONLY.

1. Resident name, date of birth (DOB), personal health number (PHN) and name of the MRP are required with **EVERY** call.
  - a) Complete the entire SBAR (Situation, Background, Assessment and Recommendations) as appropriate **PRIOR** to calling the on-call line. Callers who have not completed the form will be kindly asked to call back once the form has been completed.
  - b) Call the Peak On Call line at **1-450-990-6200**. Your call will be forwarded directly to the POC
  - c) Record the POC's response on the SBAR form.
2.
  - a) Fax the completed SBAR form to the Resident's MRP to inform and plan necessary follow up **OR** If the Physician visits the Resident at the facility, fax completed SBAR form AND any progress notes or
  - b) additional documentation to the MRP.
3. Fax completed form to POC for their records.

## Questions or comments about the Custom SBAR?

Your input is welcome to LTCI Administrative Support at 250-591-1200 or RCINanaimo@Divisionsbc.ca

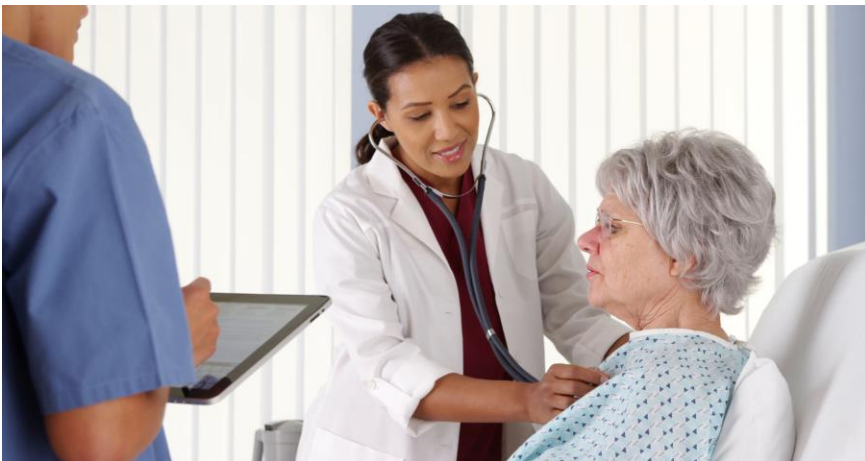
# Coverage Exceptions

Physicians On Call are available to cover **ONLY LTCI Physicians who have notified the LTC facility of a planned absence.**

The Physician On Call will **NOT** cover residents who have a non-LTCI Physician.

At this time, the Initiative only covers peak periods of the year:

<b>Spring</b>	Spring Break (2 weeks)
<b>Summer</b>	July 1 – September 1 (10 weeks)
<b>Fall</b>	Thanksgiving (1 week)
<b>Winter</b>	December 23 – Jan 6 (2 weeks)



In exceptional circumstances, such as palliative care, a Resident's MRP may want to directly provide care advice for a Resident. In these types of circumstances, the MRP is asked to **clearly communicate coverage exceptions to facility staff** by placing a note in the chart, and verbally communicating the request to facility staff.

# About the Nanaimo LTCI

Creating a Community of Care



**Nanaimo Long Term Care Initiative**

A Nanaimo Divisions of Family Practice Initiative

The Long Term Care Initiative (LTCI) is a BC-wide initiative that aims to address challenges in medical coverage in Long Term Care.

The Nanaimo LTCI is working to create a culture of excellence and teamwork in medical care for residents in facilities, through supporting physicians and collaborating with other care providers and families. We aim to consistently meet the LTCI Best Practice Expectations by 2020.

Read more about the LTCI here:

<http://divisionsbc.ca/nanaimo/initiatives/residential-care-initiative>

## Key Contacts:

### The Nanaimo LTCI Program Team

Phone: 250-591-1200

Fax: 250-591-1205

Email: [LTCINanaimo@divisionsbc.ca](mailto:LTCINanaimo@divisionsbc.ca)

### Peak On Call Line

1-450-990-6200