



OCEANSIDE RCI – MOU – Key Elements

The Oceanside Division of Family Practice maintains the following Residential Care Initiative:

Approach to ensuring 24/7 availability and on-site attendance:

- MAMS provides 24/7 coverage
 - MAMS & ODoFP have a “**Document of expectations**” for those physicians on call for our residential care facilities.
 - Expectations include; ***prompt responses, meaningful exchanges with appropriate information available for the physician on call, and agreement that no patient would be transferred to an emergency room or acute care hospital without a thorough physician assessment whether on-site or by phone. If transfer deemed necessary, the assessment is to be followed by appropriate physician-to-physician communication with the receiving emergency room doctor (see attached agreement with MAMS)***

Approach to proactive physician visits for residents

- Proactive visits for residents is an expectation of physicians within the initiative.
 - To be achieved with collaboration of facilities and ongoing support/education within the physician offices. Facility administrators as well as facility clinical care professionals are to be asked to help improve the rounds environment to make it a more efficient process.
 - Physician office MOA’s are to be supported with tools and education surrounding the mechanics of residential care rounds.
- The recommendations of the Island Health Authority Residential Care Advisory Committee is our framework for proactive visits and include the expectation ***of MRP physicians participating in a patient visit within 2 weeks of admission to a residential care facility. Subsequent planned visits will take place at least every three months or more often if required.***

Approach to supporting meaningful medication reviews?

- As an integral part of optimum management of residential care patients, medication reviews are to be performed properly ***and hence should include the participation of the team pharmacist, the most responsible long-term care facility clinicians, and the patient's physician***
- ***The initial medication review should take place within six weeks of admission and then on a six monthly basis during the patient's admission***

Planned key patient documentation that will be completed for the local approach o care?

- Documentation is the tool by which all healthcare providers attending to a residential care patient can ensure consistent and appropriate levels of intervention.

The following documentation deliverables should be adopted by participating physicians:

- ***All newly admitted patients will have an introductory history and physical on the chart from their prior most responsible physician.***
- ***A care plan, which includes a degree of intervention and the philosophy of care for the patient, will be available on the chart within two weeks of admission. This will be documented in the MOST format at the Health Authority facilities and in the affiliate facilities as they migrate to this standard of documentation/care.***
- ***Care conferences and medication reviews will be legibly written and available on the chart for access by on-call or consulting physicians.***

Approach to support attendance at the one annual case conference per resident?

- Team-based residential care demands that the caregivers come together on a predetermined basis to review and enhance the care plan for patients in residential care. Ideally this should involve the clinical care team as well as the patient and their family.
- ***Oceanside Division of Family Practice considers this process as essential and deems it as a deliverable on a yearly basis at a minimum.***
 - ***All members involved, including family and clinicians, will be given adequate notice to ensure maximum involvement.***
 - ***Preferably, this care conference should occur face-to-face, however, communication tools including teleconferencing and videoconferencing should be made available to facilitate this process if necessary.***

6. How will the measured outcomes be used to influence care of residential care patients in Oceanside?

- ***A review process will take place on a quarterly basis.*** The revue will be prepared by the Medical lead of the initiative and shared with the initiative's physician panel.
- We will use the data made available by the GPSC to guide our benchmark expectations. These best practice expectations include 24/7 physician availability and on-site attendance, proactive visits to residents, meaningful medication reviews, completed documentation, and attendance at case conferences.
- We will evaluate desirable system level outcomes, which include a reduction of unnecessary, or inappropriate hospital transfers, improved patient and provider experiences, and reduced cost/patient. These changes will occur as a result of, and alongside of, the higher quality of care.
- Additionally, in Oceanside, ***we are concerned with the experiences of the physician providers as well as that of the long-term care facility clinical care teams. To address these concerns, we plan on developing a quarterly review process that would take into account their experiences and document deficiencies and measurements of improvement.***
- ***At six months and then again at one year after the start date of the initiative a re-evaluation and review will take place with the Oceanside Division of Family Practice.*** This will first occur with the board of the Division of Family Practice and Island Health representatives. It will then be presented at the annual general meeting of the Oceanside Division of Family Practice.

To further enhance the impact of this initiative the evaluation and data sharing will also occur with the residential care facilities and, potentially, with patients and families.