

## RESIDENTIAL CARE INITIATIVE: PHYSICIAN SERVICE AGREEMENT BETWEEN THE NANAIMO DIVISION OF FAMILY PRACTICE AND RCI 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