

TORCH PRACTICE MODEL: CHECK-IN TOOL

This tool is designed to help established TORCH teams highlight and celebrate their strengths, create opportunities for discussion, and identify potential areas for improvement. It is meant to invite conversation, and will be used for internal purposes only.

Care Home:	Date:
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Participants:

To be completed by LTCI Coordinator prior to meeting (full distribution overview to be brought to meeting by Coordinator)

Total # of MRPs	# of TORCH MRPs	# of non-TORCH MRPs
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TEAM STRENGTHS

Tell us about some positive aspects of working with the physicians & staff team at your care home. What is going well?

TORCH ELEMENTS*

1. Proactive Visits, 24/7 Availability & Cross Coverage

TORCH physicians visit at a regularly scheduled time once a week, are responsive to daytime medical needs and provide on-site cross-coverage for other TORCH physicians. After-hours coverage is provided by the LTCI After-Hours Call Group.

Quick list	Notes
<input type="checkbox"/> There is a TORCH physician visit schedule	
<input type="checkbox"/> The schedule works well for both physicians & care home team members	
<input type="checkbox"/> TORCH physicians almost always visit weekly	
<input type="checkbox"/> A TORCH physician is scheduled to be on-site most weekdays	
<input type="checkbox"/> TORCH physicians provide cross-coverage while on site	

Additional feedback

A. How satisfied are you with the TORCH physician schedule & visiting frequency?

Satisfied ----- Neutral ----- Unsatisfied

*Please refer to Appendix A for a detailed description of TORCH standards

B. How satisfied are you with TORCH physicians' response time to urgent & non-urgent concerns?

Satisfied ----- Neutral ----- Unsatisfied

C. How satisfied are you with the after-hours coverage provided to your site?

Satisfied ----- Neutral ----- Unsatisfied

TORCH ELEMENTS*

2. Resident Distribution

TORCH physicians maintain a panel of 20-40 patients per care home. Provincial data on physician practice patterns show that increased concentration in care is correlated with increased visit frequency and higher quality of care. Increasing patient panel size increases clinical skills and operational efficiency up to a point; a panel size that is too large has the potential to create instability within the system, in the event that a physician caring for a large number of residents is unable to work.

Quick list	Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Each TORCH physician cares for a minimum of 20 residents <input type="checkbox"/> Overall, residents are equally distributed among TORCH MRPs and TORCH MRP cohort sizes are similar (if not, please comment) <input type="checkbox"/> TORCH physicians are regularly asked if satisfied with resident panel size <input type="checkbox"/> Medical Coordinator (MC) periodically reviews resident distribution & audits the records of residents of non-TORCH MRPs to ensure BPEs are being met <input type="checkbox"/> If BPEs are not being met by non-TORCH MRPs, MC offers MRP option to <ul style="list-style-type: none"> a) commit to TORCH standards or b) transfer care to TORCH MRP 	

Additional feedback

*Please refer to Appendix A for a detailed description of TORCH standards

A. Considering the total number of residents & TORCH physicians at this site, is your care home satisfied with the current number of TORCH physicians on the team?

- Yes
- No

B. Is there any need to look at recruitment of new TORCH physicians for your care home (i.e. due to pending physician retirements or other potential changes)?

- Yes
- No

TORCH ELEMENTS*

3. Admission Process

There is a rotation schedule in place for TORCH physician admissions. Residents and families are given the opportunity to transfer care to a TORCH physician. To function optimally, the majority of residents at a TORCH care home should be cared for by a TORCH physician.

Quick list

- There is a process for assigning new admissions to TORCH physicians
- There is information about TORCH on the care home's website & in the admission package & it is reviewed during preadmission interviews
- Residents/family members are offered the opportunity to transfer medical care to a TORCH physician
- Upon admission, residents' community MRPs are notified of TORCH model & asked to consider transferring care to TORCH physicians

Notes

Additional feedback

A. Is there a dedicated staff member responsible for facilitating the admissions process? Do they currently use TORCH admissions tools or templates?

B. How is the rotation schedule (rota) currently functioning at your site?

*Please refer to Appendix A for a detailed description of TORCH standards

C. How satisfied is your team with the TORCH admissions processes?

Satisfied ----- Neutral ----- Unsatisfied

Any feedback on TORCH admissions tools & templates?

D. How satisfied are TORCH physicians with the admissions process?

Satisfied ----- Neutral ----- Unsatisfied

TORCH ELEMENTS*

4. Care Conferences & Meaningful Medication Reviews

TORCH MRPs attend all care conferences for residents assigned to them, and review resident medications with the MRN and Pharmacist every 6 months. When possible, medication reviews are combined with care conferences.

Quick list

- TORCH MRPs attend care conferences (CCs)
- Care home strives to adapt CC schedule to TORCH physicians' schedules
- TORCH MRPs review medications with the MRN & pharmacist every 6 months
- TORCH MRPs combine CCs & meaningful medication reviews when possible

Notes

Additional feedback

A. Which care home staff members are responsible for organizing & facilitating care conferences?

Do they use the Care Conference Toolkit, or does your care home have other preferred processes/forms?

- CC Toolkit
- Other processes/forms:

B. Which interdisciplinary team members attend care conferences?

*Please refer to Appendix A for a detailed description of TORCH standards

C. Have care home staff & physicians expressed satisfaction regarding *care conference* processes? Any feedback?

D. Have care home staff & physicians expressed satisfaction regarding *medication review* processes? Any feedback?

TORCH ELEMENTS*

5. Documentation

Admission medical history, current problem list, progress notes and summary assessments are completed by the MRP in the care home's Electronic Health Record in a timely manner. Every resident must have a current MOST and the conversation with the resident/family regarding MOST must be clearly documented.

Quick list

Notes

Every resident has a current MOST

Admission history & progress notes are completed by TORCH physicians within the time frame requested by admissions staff

Additional feedback

A. Does your care home have an EHR?

- Yes:
- No

For care homes with EHRs: do all physicians document their progress notes in it?

- Yes
- No

B. Are physicians enabled to document in the EHR remotely?

- Yes
- No

C. Which staff members are able to help physicians with EHR access & use, when required?

*Please refer to Appendix A for a detailed description of TORCH standards

QUALITY IMPROVEMENT & EDUCATION

What other opportunities for quality improvement & education (related to the BPEs) have you noticed in your day-to-day experiences? How can the LTCI support you with these initiatives?

Appendix A: TORCH Standards

TORCH aims to optimize physician practice in long-term care (LTC) and ensure that patients in LTC homes receive high quality, consistent medical care.

TORCH Standard 1: Proactive Visits, 24/7 Availability & Cross Coverage

TORCH physicians visit at a regularly scheduled time once a week, during daytime hours, ensuring a physician is at the care home most weekdays. After-hours coverage is provided by members of the LTCI After-Hours Call Group. MRPs are responsive to daytime medical needs during regular business hours, Monday to Friday. When on-site, physicians provide daytime cross-coverage for the residents of other TORCH physicians, ensuring that residents with urgent needs are seen promptly, and potentially preventing transfers to acute care.

TORCH Standard 2: Resident Distribution

TORCH physicians maintain a panel of 20-40 patients per care home – depending on patient population and the physician's preferences and experience in LTC. This panel size is based on research demonstrating that physicians working within a system that has a minimum number of patients per physician are more committed and knowledgeable about LTC practice. Provincial data on physician practice patterns show that increased concentration in care (as measured by the number of patients a physician has in a care home) is correlated with increased visit frequency and higher quality of care. Increasing patient panel size increases clinical skills and operational efficiency up to a point; a panel size that is too large has the potential to create instability within the system, in the event that a physician caring for a large number of residents is unable to work.

TORCH Standard 3: Admission Process

There is a rotation schedule (process for assigning new residents) in place for TORCH physician admissions. Residents and families are informed of the benefits of the TORCH model prior to admission and given the opportunity to transfer care to a TORCH physician. The final choice about the medical care provider lies with the resident and/or family. TORCH care homes may choose to have a closed model structure with TORCH physicians only; in this case the resident/family has the option to choose another care home where their community MRP may continue to oversee their medical care. In order for the TORCH model to function optimally, the majority of residents at a TORCH care home should be cared for by a TORCH physician.

TORCH Standard 4: Care Conferences & Meaningful Medication Reviews

TORCH MRPs attend all care conferences for residents assigned to them, in person or virtually. There is a clear, care home-specific process for care conferences using an interdisciplinary approach. Physicians review resident medications with the MRN and Pharmacist every 6 months; when possible, a medication review is combined with the care conference.

TORCH Standard 5: Documentation

An admission medical history and current problem list is completed by the MRP. Progress notes are documented by the MRP following visits to individual residents, and summary assessments are completed at the time of the annual care conference. Every resident must have a current MOST and the conversation with the resident/family regarding MOST is clearly documented. TORCH physicians respond promptly to requests for completion of admission orders and documents from the care home, and complete documentation in the care home's Electronic Health Record in a timely manner. Care homes facilitate EHR use for physicians and nurses.