## Best Practice Expectation Commitments

| **Physician's Commitment**<br>*to residents for whom they are MRP & to the care home team* | **Best Practice Expectation** | **Long-term Care Home's Commitment**<br>*to all participating physicians* |
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| 1) Provide reliable, responsive after-hours coverage that maintains care on site and minimizes ER transfers, where possible<br>2) Be responsive to daytime medical needs during regular business hours Monday to Friday | *24/7 availability and on-site attendance, when required* | 1) Work with LTCI program team to improve care home – physician communication processes and triage urgency of issues<br>2) Monitor responsiveness of after-hours coverage systems |
| 1) Attend the care home on a regular basis and ensure that individual patients are seen ideally every 30 days, and no less frequently than every 90 days<br>2) Ideally regular visits will be scheduled and communicated with the care home in advance to improve efficiency (for both physicians and LTC homes) | *Proactive visiting to residents* | 1) Work with LTCI program team to provide supports that facilitate proactive physician visiting, such as:<br>o building patient panel size to improve efficiency of regular visiting<br>o facilitating physician parking |
| 1) Support the completion of meaningful medication reviews at regular intervals, at least every 6 months<br>2) Include, as appropriate, consultation with pharmacy, nursing staff, and the resident or their health care representative | *Meaningful medication reviews* | 1) Integrate medication reviews with resident care conferences<br>2) Align with rational prescribing programs where possible<br>3) Work with Island Health and the LTCI program team to improve and streamline the review process to make best use of physician time, including the use of standardized forms and templates |
| 1) Completion of at least the following:<br>• Problem List, and<br>• A documented Advance Care Plan, which may include:<br>o Medical Orders for Scope of Treatment (MOST)<br>o Goals of Care | *Completed documentation* | 1) Work with Island Health and the LTCI program team to implement templates at the care home level, in order to support completed documentation |
| 1) Attend care conferences for residents for whom GP is MRP | *Attendance at care conferences* | 1) Communicate scheduled time in advance (at least 6 weeks)<br>2) Preferably schedule conferences at mutually agreeable times<br>3) Cluster care conferences for each physician, where possible |
| 1) Participate in a regular quality improvement processes, such as attendance at care home meetings or conducting chart reviews | *Participation in a regular quality improvement processes* | 1) Engage with physicians and the LTCI program team to develop quality improvement and team-based care processes such as convening LTC home meetings |