

Friendly Reminders about the After-Hours Call Line - *Please circulate widely* -

PURPOSE OF THE CALL LINE

The after-hours call line is for **emergent and urgent issues**; please keep this in mind particularly for calls placed between 2300 and 0700 when the on-call provider is usually sleeping.

Unless the resident's Most Responsible Physician (MRP) has requested to be called in a specific situation, please use the LTCI after-hours line rather than calling the MRP after hours.

ANTICIPATE & PRIORITIZE ISSUES

If possible, anticipate any issues requiring a call to an after-hours physician and call before 2200.

Prior to calling, **please consider** if the call could wait until the next day to be dealt with by the MRP.

The most common reason for calls between 2300 and 0700 is for end-of-life orders. If you suspect that a resident is dying, please obtain end-of-life orders in advance, to be activated when required.

PRONOUNCEMENT OF DEATH

It is within RN, RPN and LPN scope of practice to pronounce death without an order in an expected death¹. However, your facility may have specific policies and procedures governing who can pronounce death under what circumstances. If the circumstances of the death do need to be discussed with a physician or nurse practitioner, please use your best judgment as to when to place the call.

We encourage facility teams to ensure nursing staff are aware of site-specific policies and procedures relating to pronouncement of death.

ER TRANSFERS

Whenever possible, please call the after-hours line **prior to transferring a resident** to emergency. LTCI physicians are committed to attending on-site when required, which may help prevent an avoidable transfer to hospital.

COMPLETED SBAR FORMS

Please remember to fax completed SBAR forms to the MRP **AND** the on-call physician for their records.

THANK YOU for your ongoing support of the LTCI and the after-hours call system!

Questions and feedback are always welcome: VictoriaSouthIsland.LTCI@victoriadivision.ca

¹ **Expected death** is defined as when the following two criteria are met: continuous, progressive deterioration of physical functioning, AND an inevitable and anticipated outcome of the person's current health status. Look for an initiated End of Life Order set, MPR documentation of discussion with patient/family about inevitability of death, MOST level indicating No CPR in place.

Ref: Island Health. (2023). Pronouncement of Expected Death Procedure 12.6.1