



Care By Design Initiative:

On Call Tracking System

Version 4.0
October 2010

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1.0 Introduction

The Care by Design Initiative is an evolution of the way that primary health care services are provided in long term care facilities within Capital Health District. The purpose of the Initiative is to improve access to high quality primary health care services to residents of long term care facilities. One component of the Initiative is the organization of medical services provided in facilities. Six networks of physicians with an interest and experience in continuing care have been organized to provide medical services in the facilities. There is a regular, predictable physician presence in the facility, which allows the physicians to become an integrated member of the care team and allows the care team to take a more proactive approach to resident care. Together, the network physicians work collaboratively with facility staff to provide primary care to all continuing care residents in facilities within the network's geographic area, 24 hours a day, 7 days a week.

Over the past year, five of the networks have been started and are operational, with a sixth planned for implementation in the fall of 2010. Lessons learned over the past year of operations have been very useful in helping to refine and improve the various processes associated with the networks. This document outlines the next steps for improving clarity around expectations for on-call services that enable facilities, physicians and Capital Health to work together to ensure that the on-call standard in the document *Standards of Care for Long Term Care* are being met. The processes described in this document are intended to improve lines of communication, provide a means for identifying lessons learned, and to ultimately improve care for the residents of long term care facilities.

2.0 On-Call System Requirements

2.1 On-Call Scheduling

There are currently five physician networks. Each network provides regular primary care services to a specified group of long term care facilities, including on-call services 24 hours a day, 7 days a week. The call schedule is coordinated by the office of the District Medical Director of Continuing Care. Any changes to the schedule must be communicated immediately to the Office during regular office hours so the call schedule can be updated and re-distributed. If a physician needs to change his/her call schedule he/she is required to find another network physician to cover their call.

If the change occurs after regular working hours it is the physicians' responsibility to notify each facility of the change as well as leave a message at

the District Office. Each call schedule contains the physicians' phone number for the facilities to use.

2.1 On-Call Response Times

The Standards of Care for Long Term Care Physicians document states that **“urgent requests receive a telephone response within 30 minutes and on-site response based on the physician’s clinical judgement.”**

2.2 Documentation Requirements

It is very important that on-call requests are documented to ensure that any issues in the call system can be identified and resolved expediently. Documentation also assists in the overall evaluation of the Care by Design Initiative, which is essential for continuous program improvement and accountability to funders. Both facilities and physicians need to document on-call events.

2.2.1 Facility Documentation of On-Call Events

Facilities are required to complete the Care by Design On-Call Tracking Form (see end of this document). Forms should be completed and stored in a location known by facility staff and the Medical Director. The Medical Director reviews the completed forms for each month at the end of the month. If there has been an issue documented on any of the forms or the response time standard appears to have been exceeded, the Medical Director follows up with the facility staff person who completed the form to gather more information relevant to the particular situation. If necessary, the Medical Director will also communicate with the physician involved to collaboratively identify a strategy to address the issue and identify means of ensuring the risk of the issue being repeated is mitigated.

At the end of each month, Medical Directors ensure that completed Tracking Forms are accurate and the Director of Care of the facility will forward them to the office of the District Medical Director of Continuing Care so the information can be entered into the evaluation database for the initiative.

2.2.2 Physician Documentation of On-Call Events

As per CMPA standard guidelines all Physicians will be expected to continue to keep good medical records of all phone conversations with the staff at the nursing home, and make a medical record in the nursing home chart if an onsite visit is required.

Facility On-Call Tracking Form

Date: _____ Physician Called: _____

Person who called physician: _____

Facility Name: _____

Time Physician was called: _____ Time Physician returned call: _____

Was an SBAR completed? YES NO

Reason for Calling Physician _____

Physician's Response and Orders Received _____

Did physician decide to visit facility? YES NO

Was EHS called? YES NO

Was resident transferred to hospital? YES NO

Was resident transferred at the request of family? YES NO

If yes, why was resident sent to hospital? _____

Without the Care by Design program, would you transfer patient to emergency? _____

Medical Director Use Only

1. Call returned within 30 minutes? YES NO
2. If no, follow up with physician to determine reason why.
Follow up completed? YES NO
3. Any lessons learned to improve call system? If yes, document here and communicate lesson learned to facility staff and network physician.

Signed by Medical Director _____

Signed by Director of Care _____

Please return through SEND secure portal to carebydesign@nshealth.ca

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