



Long-Term Care 101 **TOOLKIT**

**A PHYSICIAN'S GUIDE
TO GETTING STARTED IN LTC**

May 2026

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Welcome to Long-Term Care **101** IN KAMLOOPS!

Thank you for your interest in Long-Term Care (LTC).

Since 2015, the Thompson Region Division of Family Practice has been coordinating the Family Practice Services Committee (FPSC) Long-Term Care Initiative (LTCI) for Kamloops. The initiative seeks to ensure everyone admitted to a long-term care home has a primary care provider in charge of his or her medical care. The goal of this initiative is to design and implement local solutions that achieve the five best practice expectations as set by the FPSC.

Caring for patients in LTC can be quite different than caring for patients in your regular practice. This toolkit has been created to provide an overview of important information, an introduction to the eight LTC homes in Kamloops, tips and links to valuable resources, as well as, the local LTCI financial incentives that are available to participating providers.

Being part of the network of providers practicing in LTC, you will find a supportive and experienced range of care providers who work together to care for this growing population of patients. We hope you find this toolkit useful as you learn more about the initiative and the resources that are in place to support you in your practice.

Sincerely,

The LTCI Physician Leadership Group



The FPSC Long-Term Care Initiative (LTCI) supports the Thompson Region Division of Family Practice to work collaboratively to foster longitudinal, comprehensive care throughout a patient’s life through a dedicated GP MRP. Through our local LTCI physician and long-term care home leadership team,

our community designs and implements local solutions for patients in long-term care beds.

As defined by this project, a GP MRP is defined as one who delivers care according to the five best practice expectations and promotes three system-level outcomes.

LONG-TERM CARE INITIATIVE OVERVIEW



[LTC FAQs](#)

Best Practice Expectations



1
24/7 availability and on-site attendance when required



2
Proactive visits to residents



3
Meaningful medication reviews



4
Completed documentation



5
Attendance at case conferences

System-Level Outcomes



1
Reduced unnecessary or inappropriate hospital transfers



2
Improved patient/provider experience



3
Reduced cost/patient as a result of higher quality of care

As part of this collaborative work, the Division, participating physicians, long-term care homes and health authority leadership meet regularly. These meetings allow for broader discussion around issues in caring for patients in LTC and continuing to build relationships between the many partners invested in these patients.

LOCAL APPROACH TO ACHIEVING THE FIVE BEST PRACTICE EXPECTATIONS

At the outset of the Long-Term Care Initiative, participating partners documented our local approach to the five best practice expectations. A high-level overview is included below.

1 24/7 Availability and On-Site Attendance When Required

Any primary care provider providing long-term care will be a member of an on-call group or demonstrate that they have systems in place to ensure 24/7 coverage. Providers are responsible for providing up-to-date contact information to call group leads and to call service and care home switchboards. The Thompson Region Division of Family Practice collects the providers preferred contact information on a yearly basis and shares with the care homes.

2 Proactive Visits to Residents

In addition to seeing their patients when the need arises, primary care providers will strive to see them quarterly. The annual care conference and six-month medication review may constitute two of these visits.

3 Meaningful Medication Reviews

A meaningful medication review will be completed as soon as possible after admission, and thereafter, at least every six months and at any significant change in the patients' status or after any transfer back from acute care. Effort is made to ensure the primary care provider, pharmacist and nursing staff are included for the six-month medication review.

4 Completed Documentation

It is expected that each long-term care patient would have an end of life plan to guide the on-call primary care provider. The Medical Orders for Scope of Treatment (MOST) form communicates treatment decisions with healthcare professionals involved in patient care. The Thompson Region strives to utilize the MOST form across all long-term care homes. Providers are responsible for completing a MOST form for their long-term care patient.

5 Attendance at Case Conferences

In accordance with the government licensing acts, the first case conference should occur within 8 weeks of moving in and then annually or as needed.

More information can be found [here](#).



Best Practice Expectations Matrix

Initial community reporting and sharing for the purposes of QI

SDM = Substitute Decision Maker/Family/Contact

MRP = MD or NP

	24/7 Availability	Proactive Visits	Medication Reviews	Care Conferences	Completed Documentation
General Standard	MRP belongs to a group or is supported to ensure there is a backup plan if unavailable. MRP or alternate available 24-hours a day, 7-days a week for urgent calls	MRP available to see in-person individuals in care once every 3 months			All LTCI document terminology updated to use the term Resident / Patient / Individual in care
Pre-Admission					
Admission	MRP (or on call) review admission with RN and pharmacy including the medication order and the MOST on day of admission	MRP available to provide In-person assessment and complete the admission package within 14 days of admission		MRP attend in person or virtual at a time pre-scheduled and suitable for care team, individual in care and SDM within the first 8 weeks of moving in and then annually or as needed	
Acute Medical Event	MRP (or on call) response times: emergent availability to call SDM urgent availability to respond to SBAR within 30 minutes non-urgent respond to SBAR within 1 business day				Documentation completed with a record in facility's EMR or individual in care's chart at LTC
Proactive Care		MRP on site as scheduled and agreed upon with the LTC DOC at a time that is convenient for individuals in care, SDM and Nursing Team	Semi-annual medication review with the pharmacist and Nurse (who knows the individual in care) and SDM or an agreed upon process for communicating with the individuals in care and/or SDM		
Actively Dying	MRP (or on call) response times: urgent availability to respond to SBAR within 30 minutes non-urgent respond to SBAR within 1 business day			MRP discuss with SDM (in person/phone) and get their consent to start palliative when notifying them that their loved one may be in actively dying stage	MRP (or on call) document discussion with the MRP and update MOST (if required) in the facilities EMR or individuals in care's chart at LTC
Death	Report and Certify Death if needed (non-urgent response times)				

PSC On-Call/Availability Funding for Long-Term Care

Each Division will receive an annual amount of **\$130,000 + \$80 per LTCI (Long-Term Care Initiative) bed.**


The Divisions of family practice will administer this funding.

FPSC LTCI Most Responsible Provider Payment

Family physicians (FPs) who provide ongoing longitudinal care to patients in long-term care facilities and are participating in the FPSC Long-Term Care Initiative (LTCI) but are not eligible for the Longitudinal Family Physician (LFP) payment model can now apply to receive a LTCI MRP (Most Responsible Provider) payment. Click [here](#) for more details.



There are currently 4 call groups in the region. **Please note:** Membership in a call group is mandatory in order to receive this funding.

For information on additional [FPSC LTC Funding](#) please visit: [FPSC Website](#) 

FUNDING AND ONBOARDING

[Onboarding Checklist](#) 

[LTC Day Sheets](#) 



BILLING CALCULATOR FOR LTC

A billing calculator for long-term care was developed by FPSC with support from BC Family Doctors and is now live at this [link](#) (login required).

The billing calculator enables physicians to compare billing LTC services in LFP and FFS, to explore the best payment model for their practice and different billing codes for LTC.

For more information about fee-for-service and LFP Payment Model billing codes, you can access BC Family Doctors':



[Simplified LFP Guide](#)

[Simplified Fee Guide](#)

[Billing Question Library](#)

CLUSTERING

We invite you to join our group of providers committed to clustering their patients through this initiative.

Clustering is a concept that is designed to facilitate more efficient delivery of high-quality medical care to the patients in our community's long-term care homes.

By clustering patients you attach in one or possibly two LTC homes. There can be many benefits to you and the care you provide your patients:



Efficient use of your time traveling to and between care homes



Better relationships with staff and support services to minimize challenges



Create **small provider teams** who can provide coverage for each other



Ease of coordination to see multiple patients during rounds with the care home and responding to requests when necessary



Streamline care for patients in LTC, catching medical problems earlier, reducing ED transfers and after hours call

LONGITUDINAL CARE

- Following your long-term family practice patients into long-term care is a **meaningful and professionally rewarding extension of your existing relationship.** Continuity supports smoother transitions, reduces fragmentation, and preserves the therapeutic trust built over years of care.
- For residents, having their established primary care provider involved **offers reassurance and stability during a vulnerable period of change.** Care plans become a natural continuation of what is already known, including medical history, family dynamics, values, and goals of care. This deep understanding supports more personalized, efficient, and proactive decision-making.
- For providers, longitudinal care **enhances clinical satisfaction and reduces the time required to “start from scratch.”** Much of the care can be delivered virtually or through efficient on-site visits, as the provider already understands the resident's health trajectory and social context.
- Providers who follow their own residents into LTC are encouraged to **consider attaching a small number of additional unattached residents at sites they already attend regularly.** This approach strengthens overall site coverage, supports team-based care, and contributes to improved continuity across the facility, while remaining manageable within existing workflows. Longitudinal care in LTC strengthens relationships, improves quality of care, and reinforces the core values of family practice.

LONG-TERM CARE HOMES IN KAMLOOPS

Care Home Overview

Kamloops currently has eight long-term care homes located across our city. Some long-term care homes have a combination of publicly and privately funded beds, or alternatively, one or the other. Publicly funded long-term care beds are available to all residents of BC, and most of the beds available are publicly funded. Health authorities and other contracted service providers manage the delivery of publicly funded long-term care services. Some long-term care homes also offer independent and assisted living options for their residents. These beds are excluded from the FPSC initiative.

Interior Health owns and operates Ponderosa Lodge and Overlander Long-term Care. The remaining care homes are privately owned, offering both publicly and privately funded beds.

Medical Director Responsibilities

Each care home has a Medical Director who acts as a liaison between the care home and the care providers. If there is an issue with how a provider is managing a patient, or the care home cannot get a hold of a provider, they will contact the Medical Director. Likewise, when providers have an issue with a care home, the Medical Director will approach care home administration to find solutions.

The Medical Director can also provide education for staff, and mentorship

for physicians and nurse practitioners who are new to the care home. They are also able to streamline care for patients. For example, when there is an infectious outbreak, by expediting prescriptions for all patients in a care home. Care homes are encouraged to provide information to newly attaching providers such as, but not limited to: details about each care home, door codes, Medical Director contact information, and a care home map.

Photo: Unsplash, Faizal Bukhari

BROCKLEHURST GEMSTONE CARE CENTRE

Address: 1955 Tranquille Road, Kamloops, BC V2B 3M4

Phone: 778-470-2596

Public Beds: 125

Private Beds: 5



THE HAMLETS AT WESTSYDE

Address: 3255 Overlander Drive, Kamloops, BC V2B 0A5

Phone: 250-579-9061

Public Beds: 146

Private Beds: 16

KAMLOOPS SENIORS VILLAGE

Address: 1220 Hugh Allan Drive, Kamloops, BC V1S 2B3

Phone: 250-571-1800

Public Beds: 100

Private Beds: 14



OVERLANDER LONG-TERM CARE

Address: 953 Southill Street, Kamloops, BC V2B 7Z9

Phone: 250-554-2323

Public Beds: 183 (179 LTC beds, 4 community palliative beds)

Private Beds: 0



PONDEROSA LODGE

Address: 425 Columbia Street, Kamloops, BC V2C 2T4

Phone: 250-374-5671

Public Beds: 135

Private Beds: 0



PINE GROVE CARE CENTRE

Address: 313 McGowan Avenue, Kamloops, BC V2B 2N8

Phone: 250-376-5701

Public Beds: 75

Private Beds: 0

RIDGEVIEW LODGE

Address: 920 Desmond Street, Kamloops BC V3B 5K6

Phone: 250-376-3131

Public Beds: 106

Private Beds: 23



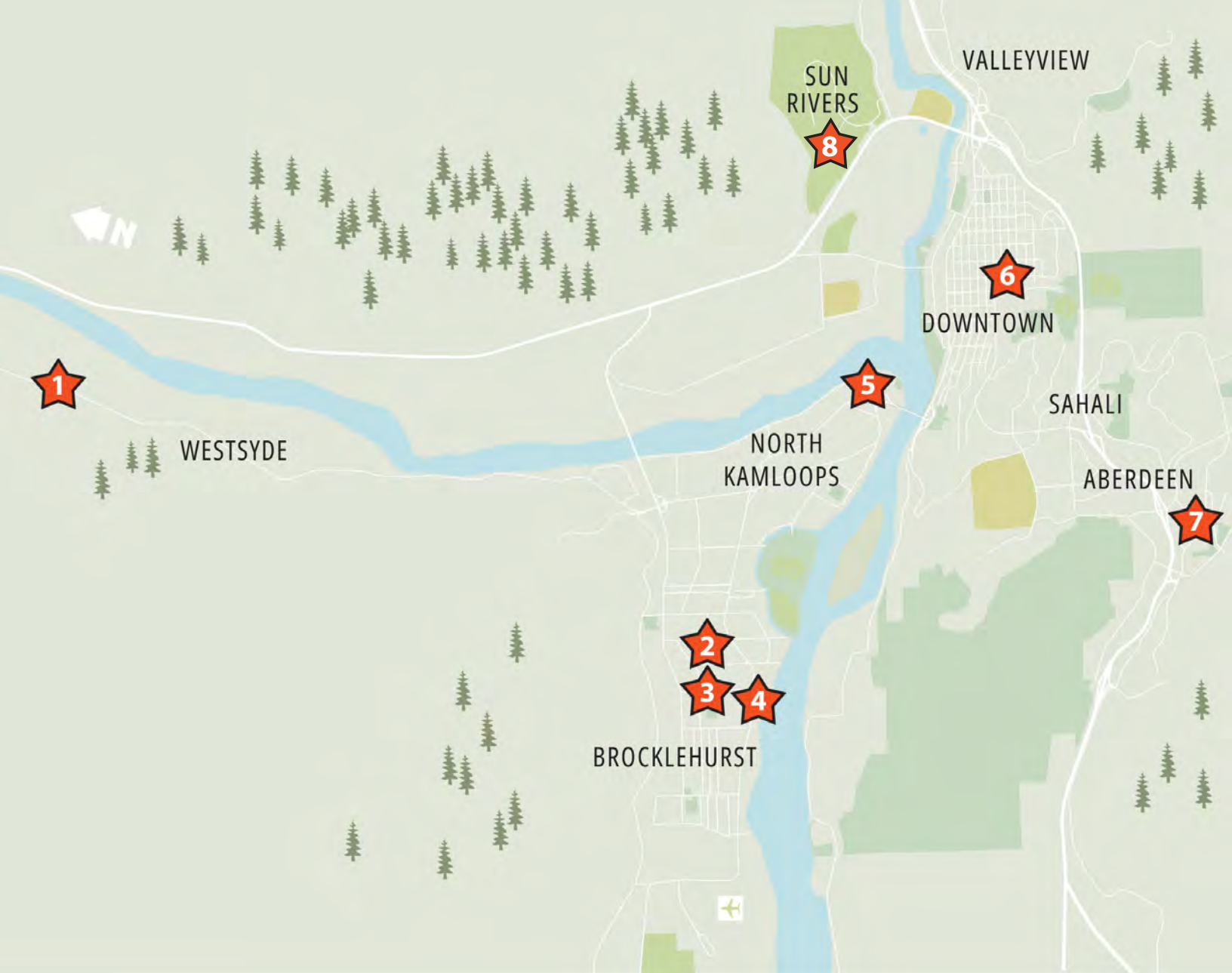
SUN RIVER'S AGE CARE FACILITY

Address: 580 Shuswap Rd E, Kamloops BC V2H 0A6

Phone: 250-828-9651

Email: sunrivers@agecare.ca

Public Beds: 100



1. The Hamlets at Westsyde

3255 Overlander Drive

2. Ridgeview Lodge

920 Desmond Street

3. Overlander Long-Term Care

953 Southill Street

4. Brocklehurst Gemstone Care Centre

1955 Tranquille Road

5. Pine Grove Care Centre

313 McGowan Avenue

6. Ponderosa Lodge

425 Columbia Street

7. Kamloops Seniors Village

1220 Hugh Allan Drive

8. Sun River's Age Care Facility

580 Shuswap Rd E

LTC 101 TOOLKIT

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