

# Comox Valley Long Term Care Initiative Toolkit



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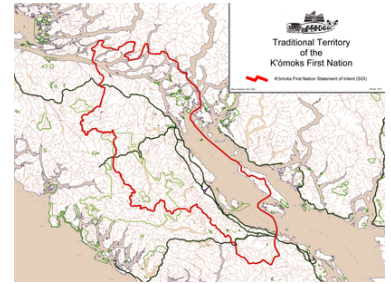
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***The CV Division of Family Practice gratefully acknowledges that we work on the traditional unceded territories of the members of the K'ómoks First Nations***



Dear Valued Colleagues,

With respect and gratitude, I welcome you to a rewarding aspect of family practice - providing LTC services. I sincerely thank those of you already on the "Long Term Care Initiative" team.

Many of you already appreciate the satisfaction enjoyed being MRP for residents in care. You see these elder citizens losing the independence to live alone or with their family in the community and proceeding to decline at variable rates, and you take on the task of gently ensuring they are comfortable, receiving appropriate care, and most of all, that their wishes regarding the end of their life are respected through conference and discussion. The majority of their needs are met in collaboration with care teams in the LTC homes, leading to meaningful relationships with your residents and their care teams which greatly eases the care challenges. The LTCI team of physician/NP colleagues and Division staff are here to offer our support, including consultations on puzzling scenarios if needed.

Within new compensation structures, this work is well-remunerated, often beyond office-based-LFP levels, with call coverage available for evenings and weekends.

Looking toward the future of LTC in the Comox Valley, I hope to see more clustering of residents in a single facility by providers. This will further streamline care, develop stronger collegiality amongst us, and ease cross-coverage for time away. In truth, each of us makes a difference, as the need for LTC in the Comox Valley grows.

Most of all, your commitment will enhance the quality of life for our vulnerable elders; you will see and experience the rewards.

Thank you,

Dr. Rick Potter-Cogan  
Physician Lead, Comox Valley Long-Term Care Initiative





## Division Staff Supporting the LTCI



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Programs Manager

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250-207-2097



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Operations & Admin Assistant

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## Acronyms at a Glance

**FP** - Family Physician  
**FTE** - Full-Time Equivalent  
**LFP** - Longitudinal Family Physician  
 (billing model)  
**LoA** - Letter of Agreement  
**LTC** - Long-Term Care  
**LTCI** - Long Term Care Initiative  
**LSC** - LTC Service Contract  
**MRP** - Most Responsible Practitioner (an FP/NP)  
**MOST** - Medical Orders for Scope of Treatment

**NP** - Nurse Practitioner  
**NTP** - New to Practice (contracts)  
**OCAP** - On-Call Availability Payment  
**PCC** - Point Click Care (electronic medical  
 records system)  
**PTTAS** - Personal Touch Telephone Answering  
 Service  
**SBAR** - Situation, Background, Assessment and  
 Recommendation (communication tool)  
**QI** - Quality Improvement

## Providing Care for LTC Residents - Why We Do It

**LTC is very rewarding:** The relationship with a family physician or nurse practitioner is very important for residents in LTC. We help provide dignity and comfort to our elders who deserve excellent care, and the positive impact is easy to see.

**Supporting an aging community:** The Comox Valley has a growing and aging population. As more elders require LTC, the need for LTC FPs & NPs increases. Having FPs/NPs to provide care as community residents move into LTC can help reduce wait-times for frail elders. Admission delays or broken matches can add strain on our health care system if they are waiting in the hospital, or may increase their risk of injury or complications if they are waiting at home.

**Team-based care:** Care is provided in collaboration with nursing teams, care aides, pharmacists, social workers, other allied health professionals. The team-based approach in LTC can be effective and gratifying.

**Change of pace & setting:** Seeing patients in a LTC home is an opportunity to get out of the office and connect with the community. We may spend more time with each patient, which can be a welcome change of pace from the usual hustle and bustle of clinical care.

**Expand medical experience:** Providing care in LTC offers a chance to learn from a unique setting and engages a different way of thinking. LTC residents have complex medical needs that can be quite different from what is seen in a community-based clinic.

Also see the following sections about:

- **Financial feasibility**
- **Call group coverage & paid call shifts**
- **Clustering for sustainability & efficiency**

## Comox Valley Long-Term Care Initiative Program



### What is the LTCI Program & How does it Support FPs/NPs?

The Comox Valley LTCI is an opt-in program for FPs & NPs with patients living in LTC homes. The LTCI:

- Coordinates an after-hours call group that integrates FPs and NPs into one shared coverage approach and provides on-call availability payments to eligible FPs
- Is member-led via the LTCI Working Group and LTCI Physician Lead
- Conducts quality improvement (QI) work and offers educational opportunities. Sessional payments are available for eligible participation.
- Shares additional resources & educational info via the [LTCI website](#).

### LTCI Program Objectives

The LTCI works to improve the care of all LTC residents and improve the experience of care providers.

It works to address challenges in LTC and supports implementing best practices for medical care by collaborating with FPs/NPs, care home teams, and the health authority to develop system-level changes to the culture & structure of LTC.

### 5 Best Practice Expectations:

- 24/7 availability and on-site attendance, when required
- Proactive visits to residents
- Meaningful med reviews
- Completed documentation
- Attendance at care conferences

### 3 System-Level Outcomes:

- Reduced unnecessary or inappropriate hospital transfers
- Improved patient provider experience
- Reduced cost/patient as a result of a higher quality of care

### How to Participate

1. **CONNECT & GET SUPPORT:** Have a welcome chat with the LTCI Coordinator: share your preferred facilities, panel size, options for call arrangements. We'll help you get set up and answer your questions (or point you in the right direction).
2. **LETTER of AGREEMENT (LoA):** Review and sign the [LTCI LoA](#) to confirm your eligibility for LTCI payments and commit to working toward best practices.
3. **CREATE CHANGE:** Join the LTCI Working Group or participate in QI activities to collaborate on local solutions.

## Comox Valley Long-Term Care Homes Overview

### Comox Valley Seniors Village:

• **136 Beds**

4640 Headquarters Rd, Courtenay

<http://www.retirementconcepts.com/locations/comox-valley-seniors-village-casa-loma/>



### Ocean Front Village:

• 126 Beds (120 LTC, 6 Hospice)  
2900 Cliffe Ave, Courtenay

<https://goldenlife.ca/villages/ocean-front-village/>



### Glacier View Lodge:

• **101 Beds** (100 LTC, 1 Respite)  
2450 Back Rd, Courtenay

<http://www.glacierviewlodge.ca/>



### Cumberland Lodge:

• **65 Beds** (64 LTC, 1 Respite)

2696 Windermere Ave, Cumberland

[http://www.viha.ca/hcc/residential/locations/cumberland\\_lodge.htm](http://www.viha.ca/hcc/residential/locations/cumberland_lodge.htm)



### The Views – Providence Living:

• **155 Beds** (151 LTC, 4 Respite)  
211 Rodello Street, Comox

<https://www.providenceliving.ca/our-homes/providence-living-at-the-views/>



**Providence Living**

## Comox Valley Long Term Care Homes

### Fact Sheets for Care Providers

(Not for Public Circulation: Access Codes & Phone #s Included)

**Remote PCC access:** Most LTC homes use the PointClickCare (PCC) EMR. Remote PCC access is available to support billing, chart notations, and after-hours call coverage. To set up PCC access at each LTC home, contact the person with (PCC) listed beside their name, per facility.

### Cumberland Lodge

2696 Windermere Ave, Cumberland

<https://www.islandhealth.ca/our-locations/long-term-care-locations/cumberland-lodge>



#### Best phone # for MRPs:

250-331-8505 ext. 61025-RN



#### Manager:

**Corrine Haughton, 250-331-8505 ext. 68305. Onsite: Mon-Fri 8am-4pm**

Corrine.Haughton@viha.ca

#### Clinical Nurse Leader:

**Nicole Sherwood, 250-331-8505 ext. 68350. Onsite: Mon-Fri 8am-4pm**

Nicole.Sherwood@viha.ca

#### Charge Nurse:

250-331-8505 ext. 61025



#### Entrance Code: None

**Exit Code: 9713\***

*Exit code now required throughout building*



#### Patient Information:

In chart rack in Nursing stations. All residents' doctor's names are also placed on the spine of charts



#### Best Time to Visit: Anytime

other than **Care Conference**

**Time: Wed 1-2 pm**



#### Pharmacist: Ikedinobi Ogong

Cell: 250-413-8586

Pharmacy: 250-331-8510

Onsite: Mon-Fri, 8am -4pm

On-call: 24/7 for urgent needs only



#### Lab Test Arrangements:

Island Health - varied and limited based on staff availability



**PCC Access: PCC not used**



## Comox Valley Long Term Care Homes

### Fact Sheets for Care Providers

(Not for Public Circulation: Access Codes & Phone #s Included)

#### Ocean Front Village

2900 Cliffe Ave, Courtenay (incl. 6 Hospice beds, 1<sup>st</sup> floor)

<https://goldenlife.ca/villages/ocean-front-village/>

##### Best phone # for MRPs:

250-331-0340

##### Important Extensions:

Float RN: 150 (variable schedule)

1<sup>st</sup> Floor Hospice - Desk 106 Portable 127

1<sup>st</sup> Floor Sandpiper - Desk 108 Portable 149

2<sup>nd</sup> Floor Kingfisher - Desk 207 Portable 140

2<sup>nd</sup> Floor Harlequin - Desk 208 Portable 141

3<sup>rd</sup> Floor Goldeneye- Desk 307 Portable 132

3<sup>rd</sup> Floor Merganser - Desk 308 Portable 136



##### Director of Clinical Care:

Tracy Nikkel, 250-331-0340 ext 212

ofvdocc@glm.ca

##### Assistant Director of Care:

Christina Harris, 250-331-0340 ext 211

charris@glm.ca

##### Community Manager Independent:

Adrienne Tumer, 250-331-0340 ext 101



##### Entrance Codes & Access:

Main code for front doors and throughout facility changes quarterly : 2580\*

(Sept/24) Entry code from underground parking: 0724\* Underground parking (#08/81 & Hospice spots) requires a fob via DoC, AdoCor Hospice



**Best Time to Visit:** Anytime other than  
**Care Conference Time:** Thurs 1-3 pm

##### Lab Test Arrangements:

Life Labs - Wednesday mornings



##### Patient Information

PointClickCare software system. All charts are located at Nursing Stations with Dr. names on the spine of chart.



**Pharmacist:** TBD with interim pharmacist in place



**Contact for PCC Access:** Christina Harris, 250-331-0340 ext 211

## Comox Valley Long Term Care Homes Fact Sheets for Care Providers

(Not for Public Circulation: Access Codes & Phone #s Included)

### The Views at Providence Living 211 Rodello St., Comox

<https://providenceliving.ca/our-homes/providence-living-at-the-views/>



**Best phone # for MRPs:**  
**778-431-0280**



**Director of Care** (currently on leave):  
**Jennifer Chaboteaux: 778-431-0258**  
[Jennifer.Chaboteaux@providenceliving.ca](mailto:Jennifer.Chaboteaux@providenceliving.ca)



**Entrance Codes & Access:**  
If you don't have a key card, call # on front door for after hours entry  
**Accessing Facility:** The Views can be accessed at the rear of the SJGH.

**Acting Director of Care:**  
**Marie Ellis: 778-431-0260**  
[Marie.Ellis@providenceliving.ca](mailto:Marie.Ellis@providenceliving.ca)

**Director of Site Support Operation:**  
**Kelly Romeril: 778-431-0281**

**Charge Nurse: 778-431-0280 Hit "1"**



**Patient Information**  
PointClickCare software system. All charts are located at Nursing Stations with Dr. names on the spine of chart.



**Best Time to Visit: Anytime**  
**Care Conference Time: Wed 9-11 am**



**Lab Test Arrangements:**  
**Life Labs - Thursday mornings**



**Pharmacist:**  
**Lanal Vek, Care Rx**  
**250-927-3014 Onsite: Wednesday**



**Contact for PCC Access: Max Nichol,**  
**LPN2 Supervisor**  
[maxwell.nichol@providenceliving.ca](mailto:maxwell.nichol@providenceliving.ca)

# Comox Valley Long Term Care Homes

## Fact Sheets for Care Providers

(Not for Public Circulation: Access Codes & Phone #s Included)

### Glacier View Lodge: 2450 Back Rd., Courtenay

<http://www.glacierviewlodge.ca/>



**Best phone # for MRPs:**  
250-338-1421

#### Entrance Codes & Access:

Main building: Entrance none, Exit 1982

SCU: Entrance/Exit: 8080\* or 8080#  
(depending on door)

#### Accessing Facility:

Entrance to the main unit is from the parking lot that is to the left of the top of the driveway. SCU is located down a corridor at the Main Nurses Station.

#### Patient Information

In 3 nurses stations:

1. Main (Room 100-218)
2. Rose Garden (Room 300-419)
3. Special Care (Room 500-536)

#### Lab Test Arrangements:

Comox Valley Hospital Laboratory



#### Executive Director:

Debbie Smethurst, 250-338-1421 ext. 225

Onsite: Mon-Fri 8am - 4pm

Debbie.Smethurst@glacierviewlodge.ca

#### Care Manager:

Laura Laliberte, 250-338-1421, ext 241

lauralaliberte@glacierviewlodge.ca

#### Charge Nurse:

Days & Evenings: 250-338-1421, ext 101



**Best Time to Visit:** 9:30-11:30 am, 3-5 pm, 6-7 pm

**Care Conference Time:** Thurs 9-11 am



#### Pharmacist:

Lanai Vek, Care Rx, 250-927-3014

Onsite: Thurs (CC between 9-11am)



#### Contact for PCC Access: Laura

Laliberte, 250-338-1421, ext 241

lauralaliberte@glacierviewlodge.ca



## Comox Valley Long Term Care Homes

### Fact Sheets for Care Providers

(Not for Public Circulation: Access Codes & Phone #s Included)

### Comox Valley Seniors Village: 4640 Headquarters Rd, Courtenay

<http://www.retirementconcepts.com/locations/comox-valley-seniors-village-casa-loma/>



**Best phone # for MRPs:**  
**250-331-1183**



**Entrance Codes & Access: 1632**  
**Accessing Facility:** CVSV has a common entrance for LTC and AL. When you enter at reception, keep right to reach the elevators and entrance doors to LTC



**Patient Information**  
**At the nurses stations.**  
**Charting/MAR's are all electronic,**  
**therefore finding a nurse to assist is important.**



**Lab Test Arrangements:**  
**Life Labs - Tuesdays**



**Contact for PCC Access:**  
**Michelle Carew, 250-331-4107**  
[mcarew@retirementconcepts.com](mailto:mcarew@retirementconcepts.com)  
**OR: Assistant Director of Care**



**General Manager:**  
**Linda Ncube, 250-331-4102**  
[Incube@retirementconcepts.com](mailto:Incube@retirementconcepts.com)

**Director of Care:**  
**Michelle Carew, 250-331-4107**  
[mcarew@retirementconcepts.com](mailto:mcarew@retirementconcepts.com)

**Assistant Directors of Care:**  
**Nicole Fjeld, 250-331-4379**  
[nfjeld@retirementconcepts.com](mailto:nfjeld@retirementconcepts.com)

**Charge Nurse: 24/7 250-331-1183 ext. 1006**

**Social Worker: Bethany Offerein**  
[socialworkercvsv@retirementconcepts.com](mailto:socialworkercvsv@retirementconcepts.com)



**Best Time to Visit: Anytime**  
**Care Conference Time: Mon 1-3pm**  
**Care Conference Line: 604-899-2339**  
**Password: 8059333#**



**Pharmacist: TBD with interim pharmacist in place**



## Clustering in LTC: For Efficiency & Sustainability



### What is Clustering?

**Clustering is a model of care where FPs/NPs concentrate their care for LTC residents at fewer facilities, usually 1 or 2 LTC homes.**

- FPs/NPs set their preferred panel size per LTC home and build toward this at a manageable rate.
- LTC homes work with a *rota system* for new admissions: They maintain a list of clustering FPs/NPs, and when a space becomes available on your panel, you are queued up to accept the next unattached resident.

### Why Cluster Your Patient Care?

#### Benefits to FPs & NPs:

- **Make your trips efficient:** Reduce travel time & expenses.
- **Financial sustainability:** With a critical mass of residents per LTC home, physician billings are often comparable to, or above, the JCC sessional rate per hour, with minimal overhead.
- **Minimize challenges:** Concentrating your care at 1 or 2 LTC homes can improve relationships with staff and other supportive services at each facility, which can minimize challenges.
- **Consistency:** With an intentionally-managed caseload at 1 or 2 sites, FPs/NPs can make LTC a scheduled aspect of their practice, rather than an unplanned and extra demand on their time when an issue arises.

#### Benefits to your patients:

- **Via proactive care:** Clustering can make it more feasible to accommodate proactive visits. With regular, proactive visits, problems are caught earlier, ED transfers are reduced, and patients and their families are often more satisfied with their care.

#### Benefits to the community:

- **Building capacity:** A FP/NP with a panel of 15 residents at 1 facility may spend an equivalent amount of time providing care (including travel) as if they had 10 residents across 5 facilities. If 5 FPs/NPs each accept 15 residents at 1 LTC home instead of 10 residents across 5 facilities, we can collectively provide care for 75 frail elders, instead of 50.

Note: The LTCI acknowledges FP/NP autonomy in practice styles, and supports our members in working towards the Best Practices while following their patients into any or all LTC homes.

Learn More: [Future of LTC report](#) | [Clustering Handout](#) | [Contact us for support](#)

# Physician Payment Models & LTC

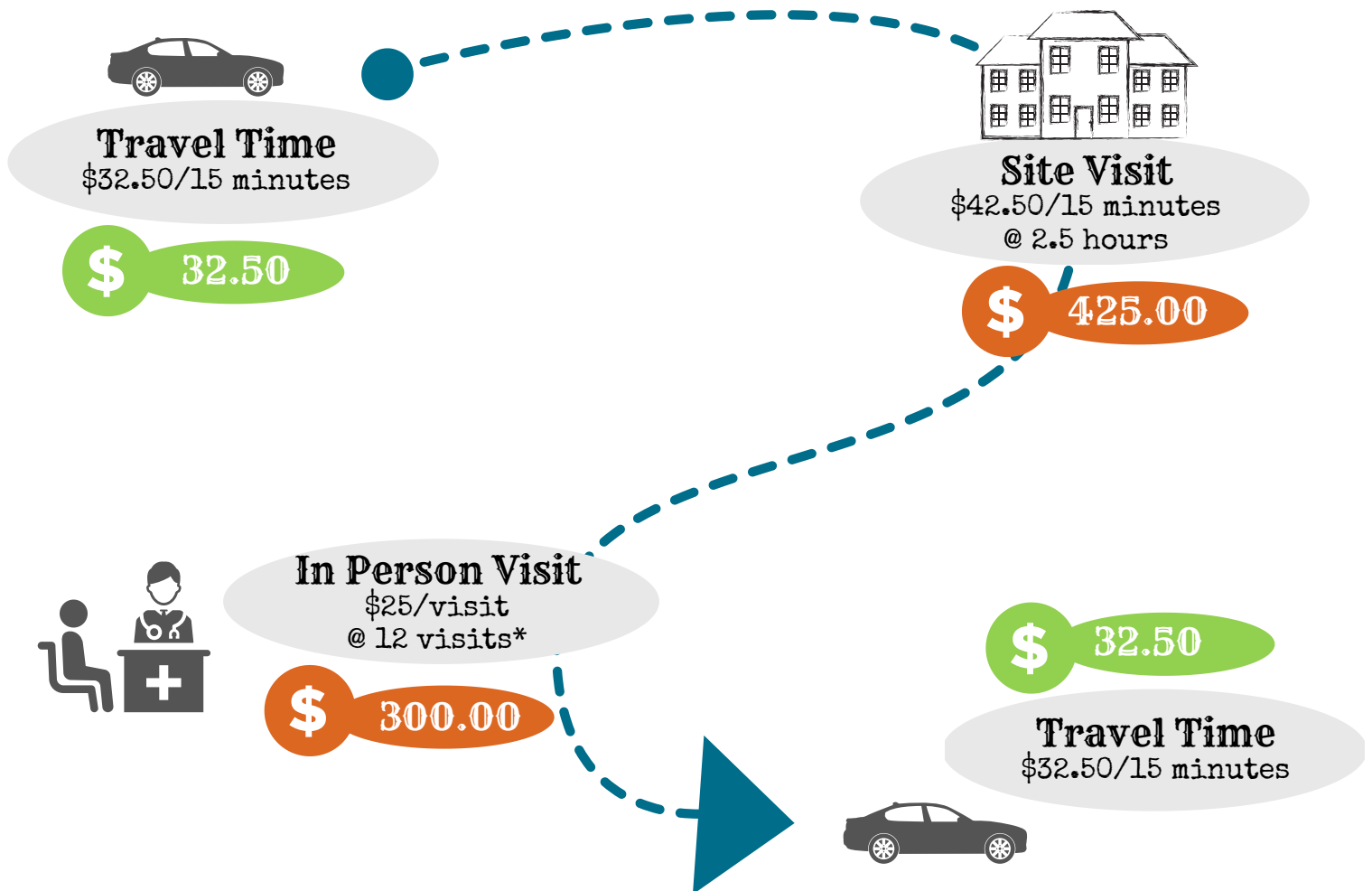
	Longitudinal Family Physician (LFP)	New-to-Practice (NTP)	Fee-for-Service (FFS)	LTC Service Contracts (LSC)
<b>Locations</b>	Must have a clinic-based practice. Also available in facility-based settings including LTC.	NTP is for clinic-based services only. Must bill under another payment model for LTC.	No restrictions to specific locations.	Only LTC-based services covered. Must bill under another payment model for other locations
<b>Contract</b>	No	Yes. Contract is with the Ministry of Health.	No	Yes. Contract is between individual or groups of physicians and the Ministry of Health.
<b>Compensation Structure</b>	Compensated for time (incl. travel), patient interactions, and patient panel.	N/A for LTC	Compensated for each service provided.	Compensated at a contract rate/FTE. Required time, panel size and service deliverables are set in the contract. Conditional bonus.
<b>Sample scenario payment ranges**</b>	\$170 - \$315/hr	N/A	\$170 - \$243 / hr	\$198 / hr
<b>Eligible for on-call payments?</b>	Yes	N/A	Yes	Yes
	On-Call Availability Payments up to \$2500/week for LTCI physicians. Administered by the Division.			
<b>Can receive FPSC LTC MRP payments?</b>	No	N/A	If eligible	No
	\$290/year/LTC bed (minimum 5 beds), for LTCI physicians not eligible for LFP billing. Administered by FPSC. Details <a href="#">here</a> .			
<b>Additional Info</b>	<a href="https://bcfamilydocs.ca/">https://bcfamilydocs.ca/</a>	N/A	<a href="https://bcfamilydocs.ca">https://bcfamilydocs.ca</a>	<a href="mailto:PhysicianContracts@islandhealth.ca">PhysicianContracts@islandhealth.ca</a>

This information is adapted from: <https://www.doctorsofbc.ca/pay-contracts/physician-compensation/family-physician-compensation/family-physician-payment-model>. This information is intended for educational purposes only - currency and accuracy are not guaranteed.

\*\*Actual compensation amounts per billing structure can vary greatly based care delivery activities, panel size, how physicians structure their time, overhead costs, etc. These are example billings only for educational purposes only and may not reflect real amounts earned. FFS & LFP sample scenario rates are from the Victoria-South Island Long-Term Care Initiative [LTCI billing guide](#). LSC hourly rate example was calculated from a 2024/25 contract template listing a 1.0 FTE rate of \$333,438 for 1680 hr.

# Long Term Care Billing Scenario

*A morning visiting clustered LTC patients*



Total Time: 3 hrs  
Travel time \$65  
(to/from clinic):  
Site & In Person \$725  
Billing:  
Total LFP Billing: **\$790**  
(or **\$263/hour**)

\*\*Minimal overhead expenses apply\*\*

## Other Common LTC Billing Options:

Admission: \$90  
Care Conference: \$30  
Urgent pt. assess.: \$90  
Procedure: \$60  
Advanced Procedure: \$110  
Consultation: \$60  
End of life visit: \$60

*\* Physicians with a panel of approx 20 residents at one home often schedule a ½ day bi-weekly to see up to 12 patients to provide proactive and consistent care.*

## LTC FP/NP Contact Process

***ALWAYS assess the situation first: Confirm MOST designation; complete SBAR; assess urgency (see next page for examples of urgent vs not)***

Resident Concern	Description	Reply Needed Within	Weekdays 8am-6pm (excluding stats)	After-Hours:
<b><u>Non-Urgent</u></b>	Resident has an issue. Or to flag a situation, update on resident status, test results etc.	1-3 business days	<b>1. Send SBAR fax to MRP</b> <ul style="list-style-type: none"> <li>Monitor situation for changes, re-assess urgency as needed.</li> <li>If no response after 3 business days, re-fax.</li> </ul>	
<b><u>Urgent</u></b>	Resident is: <ul style="list-style-type: none"> <li>Unwell or injured</li> <li>Needs end of life orders</li> <li>Has significant symptoms</li> </ul>	30 minutes to few hours & Before next business day	<b>1. Call MRP on their Weekday #</b>  Usually: office # during business hours, then cell # from office closure until 6pm.  Contact preferences & office days/times may vary between FPs/NPs.	<b>1. Call Answering Service: 1-888-686-3036</b>  PTTAS will dispatch to the on-call FP/NP, or the MRP, as appropriate  Call group is expected to respond by phone within 30 minutes. If no response is received, PTTAS has back-up contact protocols.
<b><u>Emergent</u></b>	Resident in acute situation, may require transfer.  Resident may require in-person FP/NP assessment.	<30 minutes	<b>1. Follow 'Urgent Issue' protocol. Up to 3 calls, 15 min apart (automatic with PTTAS)</b> If no response: <ul style="list-style-type: none"> <li>Monitor the resident's condition &amp; review MOST designation</li> <li>Call an ambulance in an emergency if necessary and allowable under the MOST and with family consent (if applicable).</li> </ul>	

***ALWAYS continue to monitor the resident's condition:***

*Re-assess urgency as needed, and escalate the contact process if appropriate.*



## FAQ: LTC FP/NP Contact Process

### Is this situation EMERGENT, URGENT OR NON-URGENT?

#### NON-URGENT issues:

- Generally **require a FP/NP response within days**, not hours or minutes
- **Include things like:** routine orders, standing orders, expired requisitions, MOST forms, general questions or follow up that can wait a day or so, requesting a physician visit virtually or in-person for non-emergency issues, **development of mild and manageable symptoms.**

#### URGENT & EMERGENT issues:

- Generally **require an FP/NP response within hours (urgent) to minutes (emergent)**
- **Urgent & emergent are a spectrum** of increasing resident distress, increasing severity of symptoms and decreasing manageability of the situation

URGENT

>

>

>

>

>

EMERGENT

- Care givers use their judgement and level of concern to assess the urgent > emergent spectrum
- **Both can include things like:** sudden change in patient's status, need for new orders following admission to hospital, injury including significant lacerations/possible fracture, acute medical illness, possible MI/stroke, significant bleed, delirium, significant infection (UTI, pneumonia), severe pain, end of life etc., other **development of severe and unmanageable symptoms.**

Complete an SBAR in all cases as this is required for documentation, communication, and FP billing.

### What if there is no answer?

MRPs are committed to excellence in person-centered care for residents of Comox Valley LTC.

Considerations when contacting a family physician or nurse practitioner:

- As per the College of Physicians of BC guidelines, physicians provide 24/7 availability (which can be via a call group) to respond within a “reasonable timeframe”, and are expected to answer urgent phone calls from facilities within 3 hours.
- The shorter, 30 minute, response time included in the contact process applies only to *after-hours* calls through the *LTC Call Group*, per the requirements for LTCI on-call availability funding.
- MRPs work in a variety of settings in addition to LTC homes, including: offices, the hospital, home-visits, and other facilities or organizations.
- They may be unable to answer a call when attending a birth, death, surgery, or counselling.
- They may also be attending to conferences, training or teaching webinars, meetings or their own personal/family health needs.

If the FP/NP is unavailable when you call, always continue to monitor the resident's condition, reassess urgency as needed, and escalate the contact process if appropriate.

## Comox Valley LTC After-Hours Overview

### After-Hours: 6pm - 8am

- **Weekdays overnight:** 6pm - 8am, Mon - Thurs nights
- **Weekends:** 6pm Friday - 8am Monday
- **Stat holidays:** 8am - 8am next day

After-Hours call are dispatched through an answering service that connects the LTC home with the on-call FP/NP or patient's MRP, as appropriate

### Personal Touch Telephone Answering Service

- Calls to FPs/NPs show up from "New West" 604-357-5669 or 1-888-686-3036
- Save these #s so you know they're not spam
- PTTAS contact info for any issues / vacation coverage notices:  
E: info@pttas.ca | P: 1-888-686-3036 | Fax: 1-604-524-2721

### Coverage Options

- **Separate Coverage:** Provide your own 24/7 coverage, or cross-cover with a colleague
- **LTCI Call Group:** Coverage is available to all physicians and NPs with patients in Comox Valley LTC homes

### LTCI Call Group Scope of Coverage

Based on resident & MRP status

<u>Resident Status</u>	MRP Status		
	MRP <u>is</u> part of the LTC call group	MRP <u>is not</u> part of the LTC call group	Resident <u>not attached</u> to a physician/NP
LTC Resident	Yes	Not covered	Not covered
Respite Resident	Yes	Yes	Not covered
Hospice Resident	Not covered	Not covered	Not covered

## Comox Valley LTCI Call Group Overview

### Call Shift Requirements

- **30-minute response** standard by phone; in-person attendance as needed
- **1 shift/year** (half-week) minimum per call group member
- **Inclusive coverage:** If you wish to be covered by the group but have circumstances impacting your ability to take call shifts, you can request an exemption. The group provides comprehensive coverage across the community.
- **Coverage Protocol:** On-call FP/NP is called up to 3 times, 15 minutes apart. If they still cannot be reached after 30 minutes, the process moves on to the back-up FP/NP scheduled (if applicable). If there is no back-up shift, or if the back-up FP/NP cannot be reached after 3 calls/30 minutes, the MRP is called.



### On-Call Availability Payments (OCAP)

- **Up to \$2500/week** (approximately \$21/hr) for physicians. NPs compensated through their employment agreements.
- **Mon-Thurs shift:** 4 weekday overnights (Mon-Thurs) \* 14hr/night (6pm - 8am) = 56 hr / shift. OCAP is approximately \$1186/shift
- **Weekend shift:** 6pm Friday - 8am Monday = 62 hr / shift. OCAP is approximately \$1313/shift. (+24 hr on a stat holiday adds approximately \$504 OCAP to a shift)
- Back-up shift: approx. \$7/hr.
- Some funding conditions exist for *stacked call* with multiple services.



### Scheduling

- On-call schedule developed by the Division, based on member availability requests, with opportunities to swap shifts.
- Back up coverage may be available by request



**Learn more, Join the call group, Update your contact arrangements: [LTCI@comoxvalleydivision.ca](mailto:LTCI@comoxvalleydivision.ca)**

## LTC Vacation Coverage: Who to Notify

When making temporary coverage arrangements for your LTC patients, please consider whether it may be appropriate to update the following contacts:

### Remember to:



### 1. Notify [LTCI@comoxvalleydivision.ca](mailto:LTCI@comoxvalleydivision.ca) 1 week in advance, listing which LTC homes you have residents at.

On your behalf we can:

- Notify the appropriate **LTC Homes**. If you prefer to DIY: see key contacts in Care Homes Facts Sheets.
- Inform the **LTC Call Group**: see the Contact List / Member Document for details.
- Contact the **answering service** (PTTAS):  
Email: [info@pttas.ca](mailto:info@pttas.ca); Phone: 1-888-686-3036; or  
Fax: 1-604-524-2721

2. Notify your **Office Manager** of coverage arrangements.

3. Update your **voicemail and email** outgoing messages.

4. Ensure these contacts have the office # and cell # for your **covering colleague**, and that your covering colleague understands your LTC 24/7 availability arrangements and call group processes (if applicable).





*"Having the ability to cluster LTC residents in just two facilities has made taking on more residents very feasible for me, and with the LFP funding model I feel I am well compensated for my time.*

*I have always been a huge advocate for team based care, and my experience in LTC has been the most robust version of this yet. It's wonderful to be able to get to know the nurses and other team members well, and it is a pleasure to collaborate closely on the complex care needs of residents."*

- Dr. Sarah Olson

**See a video Dr. Olson sharing more about her experience [here](#).**

## **Contact us for support & to learn more**

[LTCl@comoxvalleydivision.ca](mailto:LTCl@comoxvalleydivision.ca)

| <https://divisionsbc.ca/comox-valley>

