

Special Care Home Management (SCHM) Frequently Asked Questions

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Access to Physicians

1. How will residents in Special Care Homes get care from physicians?

Physicians identify as the Most Responsible Physician for each resident, and will be providing ongoing continuous management of their care. The service provides the following:

- For ongoing management (Indirect Care), the resident, their family, or the Special Care Home staff will be able to contact the physician by phone, email, or fax during regular business hours. The physician will manage ordering medications and refills, ordering and reviewing test results, discussions with the facility staff, advice to the resident/family members/caregivers, and telephone calls related to routine care.
- If the Special Care Home staff, resident/family, or the physician think a physician visit is needed for non-urgent medically necessary reasons (Direct Care), routine visits can occur as often as every 2 weeks, and they will be documented.
- If the resident is feeling well and does not have a medical reason to see a physician, he/she will not receive routine visits but will receive any ongoing routine management for their care (Indirect care) and an annual visit for assessment that is documented (Direct care).
- For urgent matters, the previous practices apply:
 - If the resident needs to be seen by a physician more often, visits can occur as needed, and documented.
 - Telephone calls to physicians can occur after-hours, weekends, and statutory holidays.

For virtual care, there are two new pandemic codes that physicians can use instead of a Partial Assessment. They are intended for direct resident care, or with a parent/caregiver on behalf of the resident. For Special Care Homes, the caregiver would include the Special Care Home staff.

- Pandemic Telephone Assessment for direct resident care provided by physicians over the telephone in real time (i.e., not text), with documentation. A maximum of two telephone assessments per resident per day by any physician.
- Pandemic Video Assessment for the provision of resident care by a physician via secure healthcare appropriate virtual visit technology (not FaceTime or WhatsApp), with documentation. A maximum of two video assessments per resident per day by any physician.

2. Can all of the care listed above be provided to a resident within a two-week time period?

Yes, Indirect care is always ongoing. The other listed care is in addition to Indirect care.

3. After-hours, can the facility staff call a physician to get advice for a resident for urgent/emergent matters?

Yes, there are provisions for urgent phone calls after hours, stats, and/or weekends.

If the phone call is non-urgent, it is preferable to phone the physician during regular business hours.

4. If a palliative care resident in a Special Care Home is worsening, can a physician be reached more frequently?

Yes, there are special provisions for telephone calls for palliative care residents.

5. What if a resident's physician is away on vacation?

The physician will arrange for another physician to provide continuous care for their residents.

6. If a physician is already at the facility, can the staff ask them to visit a resident, even if it's not previously arranged?

Yes, if the physician sees the resident at the request of staff, it may be considered Direct care.

Physician Visits with Staff or Family Members

7. During a physician's visit to a Special Care Home, can a staff member consult with him/ her regarding a resident?

Yes, consultations with staff are included in Indirect care. Again, if the resident needs to be evaluated by the physician as a result of the consultation, it may become Direct care.

8. Some family members of residents want physician updates to keep apprised of their relative's condition. Can this still occur?

Yes. Briefing or advice to relatives is considered part of the service. Physicians may also set up a formally arranged Case Conference with family members (maximum twice per year per resident).

Documentation

9. Will there be documentation every time a physician provides a service to a resident?

There will be documentation each time a physician provides a Direct care visit to the resident.

There may not be any documentation for Indirect care - it depends on the nature of the resident's issue.

Medical Necessity for Direct Care

10. How do Direct care visits occur? And who determines if it is medically necessary?

If there is a medical reason to see a patient, a request for a direct care visit needs to occur.

Medical necessity may be prompted by a request for assessment of a resident by Special Care Home staff. Medical necessity may also be prompted by a request by the resident or their family. However, physicians may also on their own, decide that a direct care visit is needed. The medical necessity of the visit will be documented.

Urgent/Emergent Care

11. What is considered urgent/emergent?

An urgent/emergent condition requires care in a time sensitive manner (within 24 hours), and the physician would be requested to make a special trip to see the resident on a day they were not scheduled for a regular visit.

An “urgent/emergent” condition is not a condition which is chronic or a condition that was previously diagnosed and not in an acute phase.

Admissions, Medication Reviews and Case Conferences

12. Are admissions to Special Care Homes included in Special Care Home Management?

Yes, the admissions process is the same as it was before this new service.

13. How will Medication Reviews and Case Conferences work?

Medication reviews and Case Conferences are the same as they were before this new service.

A Case Conference is a formally scheduled multi-disciplinary meeting, maximum twice per year, per resident.

Facilities

14. What facilities are included in Special Care Home Management?

Special Care Homes include:

- a) Convalescent care
- b) Long-term care or long-stay care
- c) Palliative care
- d) Respite Care

Hospitals* include:

- e) Convalescent care
- f) Long-term care or long-stay care
- g) Palliative care
- h) Respite Care
- i) Level 4 care

*Community, northern, regional, provincial, rehabilitation or district as defined by The Facility Designation Regulations.

15. Are residents in Personal Care Homes included in Special Care Home Management?

No. These residents remain excluded as defined in *The Personal Care Homes Act*. They are viewed the same as patients who are living in their own homes.