

- *Maintain their current physician*

It may be possible to maintain a patient relationship with the doctor the resident saw before they moved into residential care. This will depend on the policy of the care facility, and on whether the doctor is willing and able to visit the facility. The doctor may be required to obtain facility “privileges”, including special permission from the facility, in order to continue providing care to the resident.

- *Be assigned to a ‘visiting physician’ who comes to see residents at the facility*

In some cases, the facility may have outside physicians who visit the facility regularly. Residents may be assigned to a specific physician, or it may be possible to choose one of the facility’s visiting physicians, depending on whether that physician is accepting new patients.

- *Be assigned to a ‘facility physician’*

Some facilities have one or more ‘facility physicians’ who provide care to the residents at the facility. Often these doctors are assigned to residents according to where in the facility they live (i.e. which floor or wing the resident’s room is on), so there is no or limited choice of physician. In cases where there is more than one facility physician, some facilities may allow for a change in physician if requested by a resident or family member.

Pros and cons

There are pros and cons associated with the different options available for accessing a primary care physician for residents in long-term care. It may be useful to bear these in mind when considering the most appropriate option for an individual resident.

- Maintaining the resident’s current physician may allow for continuity of care by someone familiar with the resident and their medical and family history. The resident may feel a degree of comfort with their regular doctor, which may be helpful as the resident adjusts to the new experience of living in care.
- Some residents may prefer to see a ‘new’ physician, especially if their history with their current physician has not been long or satisfactory, or if their current physician is about to retire or relocate. The option of a new physician may also be preferable if a resident’s regular physician does not have specialized knowledge or skill in geriatric medicine.
- ‘Facility physicians’ associated with a residential care facility may attend the facility more often than an outside physician, and therefore may be more readily available to monitor health concerns, reactions to medication changes, and the progression of certain conditions among residents. Facility physicians are typically more familiar with the facility and the staff, which can be beneficial.
- Physicians associated with a residential care facility may have specialized training and greater interest in and aptitude for geriatric medicine. They may also have established relationships with specialists to whom they can easily provide referrals.
- Residential care facility staff often find that dealing with fewer physicians allows them to become more familiar and develop stronger relationships with individual doctors. Such a relationship may be helpful in terms of communicating with the resident’s doctor.

Specialist access

There may be times when a resident will need to be seen by a doctor with expertise in a specific medical area. Again, the process for seeing a specialist will depend on the policies of the particular facility, and on the procedures of the individual specialist. The following general information may be helpful to consider, however, in relation to accessing a specialist:

- A referral from a primary care physician is required for a resident to be seen by a specialist. It is useful to note that often the referral will originate from the recommendation of a Registered Nurse (RN) at the facility.
- If a resident has been seen by a specialist and is receiving continuing care, this information should be included on the resident's chart upon admission. The resident's primary care physician can provide information in terms of how to maintain ongoing contact with the specialist.

Additional information and topics to consider

The additional information below may be helpful to consider prior to facility placement, or upon admission to a residential care facility.

- It is a good idea to speak to the resident's current physician, prior to facility placement, to determine whether they would be willing and able to follow the resident in to care, if this is the preferred option for the resident and family.
- Residents and family members can ask the social worker or care director at the care facility to explain the options available for accessing a primary care physician. They can also ask for information about the specialists who routinely visit the facility, or to whom residents are referred. Asking the following specific questions may be helpful:
 - Is there a Geriatric Specialist and Geriatric Psychiatrist associated with the facility?
 - What specialist services or community health services does the regional health authority provide to the facility? Specific areas to consider might include dental care; pain management and palliative care; mental health care; and, IV therapy.
- To learn more about the specific physicians available at the care facility, family members and residents may want to ask the following questions:
 - Does the physician have specific training and experience in geriatric care and/or with the disease/medical condition relevant to the individual resident? Do they keep their knowledge current by participating in conferences related to geriatric care?
 - What is the physician's availability during weekends and evenings? Do they have colleagues to provide 'on-call' care when they are not available? Do the 'on-call' physicians have the "privileges" required to provide care at the facility?
 - What is the physician's reputation for prompt response to calls from the facility?
 - How accessible is the physician to the family to discuss care issues, options, plans, etc.?
 - Will the physician accept direct calls from family members of the resident? (It is a good idea to designate one family member, and perhaps one alternate contact person, and to give them the authority to discuss and make decisions regarding the resident's care. The name of the contact

person, and the fact that they have this authority, should be reflected on the resident's chart).

- What is the physician's personal philosophy regarding referrals of geriatric patients to specialists? Does the physician regularly provide referrals to specialists? Are the specialists they use experienced with geriatric care?
- How often does the physician visit the facility and how often will they meet with/examine the resident?

The issue of physician access from residential care is multifaceted. The information in this article has been compiled to provide a degree of orientation to the issue, and to raise some important points for consideration.

For further information on this topic, please look for additional articles in future editions of the *Caring* newsletter. Please also feel free to contact us if you have questions or comments about this article.

Resources



We are pleased to introduce this new section in our newsletter to feature information and links from the new "Resources" page of our website (www.acrbc.ca). The goal of this section is to highlight information and resources related to residential care that will be of interest to family councils, family and friends of residents, facility staff and care providers, and health care professionals. We encourage you to contact us and recommend resources that you have found useful, so that we can share this information with others.

Amongst the many and varied resources included on our website, we would like to highlight a few:

- The J. W. Crane Memorial Library of Gerontology and Geriatrics (www.deerlodge.mb.ca/library) is Canada's largest and best-known special library on aging. Resources include over 10,000 books, 225 journal subscriptions, a significant collection of audiovisuals and training manuals, specialized collections and a virtual reference desk. Although the library is located in Winnipeg, Manitoba, many of the resources are available online. This is a great reference source for professionals and non-professionals alike. They also distribute a "Web Pick of the Week" via e-mail highlighting recent Internet resources in geriatrics and gerontology. To be placed on this mailing list, send a message to lblanchard@deerlodge.mb.ca.
- The three videos listed below are all from the Baycrest Centre for Geriatric Care located in Toronto, Ontario (www.baycrest.org). They can be purchased directly from Baycrest, or borrowed from ACR.
Dementia: "Managing Difficult Behaviour" is a 30-minute video that helps caregivers understand and manage behaviours resulting from dementia. This is a helpful resource for family, friends and facility staff.
Institutional Abuse: "Everyone's Responsibility" is a 16-minute video (with facilitator's guide) that identifies abusive behaviours in an institutional setting involving a variety of individuals (family, staff, volunteers) and promotes ways to handle situations effectively. This video is helpful in promoting awareness and dialogue around the issue.
Eating Assistance: "Encouraging Participation" is an 18-minute video (with training manual) that aims to increase a caregiver's understanding and skill in providing eating assistance. This is helpful for anyone who provides eating assistance, including facility staff, family and friends.

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Disclaimer

This newsletter contains material that is meant to be informative, thought-provoking and promote dialogue. Articles are for information only and should not be construed as an endorsement of the views expressed, products or services mentioned and should not replace consultation with qualified professionals. Individuals who require medical, legal or other expert advice should consult with the appropriate qualified professional. ACR does not endorse any specific approach to care. The views and opinions expressed are not necessarily those held by the ACR Board of Directors and staff.

Submissions for the newsletter, including articles, creative writing, photos, links and topic ideas are most welcome. However, the editors reserve the right to edit material and to withhold material from publication. Although ACR make every effort to ensure accuracy, reliability and currency, we cannot guarantee the information contained in this newsletter.

