The term “Assigned In-patient” is used in this context to denote those patients whose family physician (FP) has:

- Accepted most responsible physician (MRP) status for their care while resident in the community, and
- Admitting privileges at the acute care facility in which the patient has been admitted.

For those FPs delivering in-patient care for their own or call group patients, and claiming the Assigned In-patient Care Network Incentive, it is expected that these FPs agree to the following expectations:

A. They are members of the active or equivalent medical staff category and have hospital privileges in the identified acute care hospital.

B. That their on-call colleagues (Network) will also be members of the active or equivalent medical staff category and have hospital privileges.

C. That they will:
   - Coordinate and manage the care of their own patients, either as the MRP or in a supportive care role.
   - See all acute patients on a daily basis and document a progress note in the medical record.
   - Work with the interdisciplinary team, as appropriate, to develop a care plan and a plan for discharge.
   - When care is transferred to another physician, ensure that this is documented in the medical record and ensure there is a verbal or written handover plan provided to the accepting physician.
   - Ensure availability to expedite discharges of patients daily during the normal working day which includes early morning, daytime, and early evening.
   - On weekends ensure the covering physician is made aware of those discharges that could occur over the weekend.
   - Respond to requests from members of the interdisciplinary in-patient care team by phone within 15 minutes.
   - The Network Call Group will accept responsibility for their assigned newly admitted in-patients on a 24/7/365 basis. The MRP shall assess and examine the patient, document findings and issue applicable orders as soon as warranted by the patient’s needs, but in any case no longer than 24 hours after accepting the transfer. Utilization needs within the facility may dictate that the patient must be seen sooner.

D. The non-clinical services include the already existing expectations of FPs as outlined in the Health Authority Medical Staff bylaws, rules and regulations, and policies. The health authority, the Department of Family Practice, the Division of Family Practice (where it exists) and the Assigned In-patient Care Networks could reasonably expect that all parties would participate in discussions which could include:
   - The orderly transitions of MRP status between specialists and generalists.
   - Participating in the orderly discharge planning of generally more complicated patients.
   - Patient safety concerns that come up in local hospitals.
   - Identifying and providing input into “local hassle factors” that would need to be examined and resolved at a local level between the local division of family practice and health authorities.
   - Participate in utilization management within the hospital.
   - Patient care improvement discussions that would reasonably be covered under the improved FP hospital care incentives.

The General Practice Services Committee (GPSC) has a suite of incentives to support community based FPs who are delivering in-patient care services. Information and eligibility for the GPSC In-patient Care Incentives is available at: www.gpscbc.ca. The purpose of this form is for both the health authority and the FP to verify that the FP is a member of the active or equivalent medical staff category and has privileges at a particular hospital and that the FP is committed to delivering the Assigned In-patient Care Network Services listed above.

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<th>Hospital name for services:</th>
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<tr>
<th>Signature of the FP delivering the Assigned In-patient Care Network Services</th>
<th>MSP practitioner number</th>
<th>Signature of the VP of Medicine or other authorized HA representative</th>
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<tbody>
<tr>
<td>Name of FP:</td>
<td>Date:</td>
<td>Date:</td>
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Submit to: Once the form is signed by both the family physician and the Health Authority, please send to the GPSC In-patient Care Incentives coordinator at Divisions Central via fax: 604-638-2916