

MEDICAL DIRECTOR TOOLKIT
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Medical Director Roles and Functions

Highlights	Policy Statement
Qualified Physician Coordinate Care	<ol style="list-style-type: none"> 1. The facility shall retain a qualified physician to serve as its medical director. 2. The medical director shall coordinate medical care in the facility.
Resident/Patient Care Policies	<ol style="list-style-type: none"> 3. The medical director shall help identify, create, implement, and review resident/patient care policies.
Appropriate Services	<ol style="list-style-type: none"> 4. The medical director shall provide other appropriate services to the facility, based on the facility's needs and the medical director's time commitment.
Quality of Care	<ol style="list-style-type: none"> 5. The medical director shall help the facility evaluate and improve the quality of its care.
Facility Support	<ol style="list-style-type: none"> 6. The facility shall support the medical director's efforts to fulfill his/her responsibilities, including physician accountability.
Outcomes	
<ol style="list-style-type: none"> 1. Healthcare practitioners in the facility will have appropriate oversight. 2. The medical director will give the facility essential input and guidance. 3. Facility clinical policies and practices will reflect pertinent standards of care. 	
Procedure	
Choosing a Physician	<ol style="list-style-type: none"> 1. The facility will choose a physician as medical director based on availability, interest, and identification of responsibilities required by law and regulations and those that are recommended by pertinent professional associations.
Job Description	<ol style="list-style-type: none"> 2. The administrator and medical director will create a job description, based on a review of the facility's needs and of necessary and desired medical director functions and tasks. <ul style="list-style-type: none"> • The job description will be part of the agreement between the facility and the medical director. • The medical director and administrator will review the job description at least annually, and revise it by mutual agreement.
Medical Director Activities	<ol style="list-style-type: none"> 3. The administrator and medical director will jointly develop a plan to guide the medical director's activities. The plan will consist of at least the following components: <ol style="list-style-type: none"> a. Clarify relationships between the facility and its medical director and physicians. b. Identify how the medical director will define physician responsibilities. c. Identify medical director quality assurance activities relative to the practitioners. d. Identify medical director quality assurance activities relative to the facility.
<u>Relationships Between the Facility and its Medical Director and Physicians</u>	
Lines of Accountability	<ol style="list-style-type: none"> 4. The facility management and the medical director will define the lines of accountability between the administration, governing body or owner, and the physicians.

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Federal and State Regulations	5. The administrator and medical director will review and clarify the implications for the physicians in this facility of federal and state regulations regarding medical directors and attending physicians.
Clinical Policies and Practices	6. The administrator and medical director will clarify the medical director’s role in helping develop, approve, implement, review, and revise facility clinical policies and practices.
Physician Responsibilities	<p><u>Defining Physician Responsibilities</u></p>
	<p>7. The medical director will clarify physician responsibilities in at least the following areas (see policy on <i>Attending Physician Responsibilities</i>):</p> <ul style="list-style-type: none"> • Accepting responsibility for each resident/patient’s care. • Supporting resident/patient discharges and transfers. • Making periodic, pertinent visits in the facility. • Providing appropriate care, including managing medical problems and conditions. • Providing adequate coverage. • Providing appropriate, timely medical orders. • Providing appropriate, timely, and pertinent documentation.
Expectations of Attending Physicians	8. The medical director will help develop and disseminate written information that clarifies what is expected of the attending physicians; for example, medical rules and regulations, practice agreements, policies and procedures, and related documents.
	<ul style="list-style-type: none"> • Each physician will be required to acknowledge these expectations and sign that they agree to abide by them, as a basis for practicing in the facility.
Developing Physician Policies and Procedures	9. The medical director will help develop and disseminate policies and procedures related to effective patient care and regulatory compliance; for example, what constitutes a timely patient visit, what is expected from the physician when residents/patients have significant condition changes, expectations for backup coverage, and pertinent physician activities during resident/patient visits.
Identifying Clinical Conditions	10. In conjunction with the staff, the medical director will identify clinical conditions and risks pertinent to the facility’s population such as adverse drug reactions (ADRs), common causes of acute changes in condition, fall risks, exacerbation of heart failure, and decline in function and mental status.
Education	11. The medical director will help the facility educate and inform the staff and practitioners about medical conditions and geriatrics practices and will help incorporate such information into clinical policies and procedures.
Clinical Procedures and Protocols	12. The medical director will inform physicians that they should follow clinical procedures and protocols that the facility, medical director, and/or medical staff agree are needed, or provide a valid medical rationale for deviating from them.
Staff Guidance	13. The medical director will guide nursing and other staff and management about when to contact him/her; for example, for guidance concerning a complicated medical problem, or if they do not get a satisfactory or timely response from a physician regarding a new admission or an acute change of condition (see policy on <i>Notifying the Medical Director of Issues for Review</i>).

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Evaluating Care and Performance	<p><u>Medical Director Quality Assurance Activities Relative to the Practitioners</u></p>
Assess and Compare Practitioner Performance	<p>14. The medical director will help develop and implement a program to evaluate the care and performance of physicians and other licensed healthcare practitioners (for example, nurse practitioners) whom the medical director oversees.</p> <p>15. The medical director will assess and compare practitioner performance to expectations, give appropriate feedback, and take corrective actions, as needed.</p> <ul style="list-style-type: none"> • The medical director will identify both desirable and undesirable performance and recommend ways for a practitioner to correct undesirable or inadequate performance. • The medical director and facility will define the corrective actions that may be taken, and the mechanisms for taking such actions.
Medical Director Intervention	<p>16. The medical director may intervene directly in the care of other physicians' patients in appropriate circumstances; for example, by examining a patient or giving orders if another physician's actions or inactions are considered to be jeopardizing the individual's life, health, or safety, or are preventing the facility from meeting its key legal and regulatory requirements.</p>
QA Committee	<p>17. The medical director will summarize physician-related issues and actions for the facility's QA Committee.</p>
Standards of Practice	<p><u>Medical Director Quality Assurance Activities Relative to the Facility</u></p>
Managing Clinical Conditions	<p>18. The medical director will provide clinical guidance and oversight regarding standards of practice for quality of resident/patient care and for quality of life.</p> <ul style="list-style-type: none"> • This includes a review of whether the facility's clinical policies and protocols are consistent with applicable standards of medical and geriatric practices. <p>19. The medical director will help the facility review and tailor its approaches to managing various clinical conditions and problems (for example, diabetes, heart failure, falling, and delirium) to be consistent with pertinent protocols, studies, and guidelines in the geriatrics, gerontologic, medical, and other literature.</p>
Quality of Care Concerns	<p>20. The medical director will help the staff and management evaluate the care of individual residents/patients and act on quality of care concerns.</p>
Clinical Risk Management	<p>21. The medical director will advise the facility about clinical risk management concerns such as adverse drug reactions, medication errors, falls, and resident/patient and staff safety.</p>
Accidents and Incidents	<p>22. The medical director will help review accidents and incidents, and help identify and address trends, patterns, and causes.</p>
Infection Control Issues	<p>23. The medical director will advise the facility on employee health and infection control issues, including input into specific infection control policies and practices.</p>
Licensure Survey	<p>24. The medical director will help identify and address underlying causes of clinical problems and deficiencies on licensure survey, including (but not limited to) those involving physician practice and compliance.</p>

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| Quality Indicators | 25. The medical director will help the facility identify objective quality indicators to evaluate and improve the care and assess problems. |
| Quality Data and Clinical Topics | 26. The medical director will review and discuss quality data and clinical topics (for example, falls, skin breakdown, and unplanned weight loss) presented at the quality assurance meeting, and help identify trends, patterns, causes, and pertinent interventions. <ul style="list-style-type: none"> • The evaluation should consider how physician practices have affected desired results. |
| Director of Nursing (DON) | 27. Periodically, the medical director will meet with the Director of Nursing (DON) and administrator to discuss issues of mutual interest and concern. |
| Facility Surveys | 28. During facility surveys (state, federal, accreditation, etc.), the medical director will be available to consult with the facility, and will help respond to surveyor questions about medical care and physician issues. |

Regulatory References									
Survey Tag Numbers	Quality of Care (F309) / Physician Services (F385) / Physician Supervision (F385) / Availability of Physicians (for) Emergency Care (F389) / Performance of Physician Tasks in NFs (F390) / Administration (F490) / Compliance with Federal, State and Local Laws and Professional Standards (F492) / Medical Director (F501)								
Policy/Procedures Reviewed/Revised	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Date: _____</td> <td style="width: 50%;">By: _____</td> </tr> <tr> <td>Date: _____</td> <td>By: _____</td> </tr> <tr> <td>Date: _____</td> <td>By: _____</td> </tr> <tr> <td>Date: _____</td> <td>By: _____</td> </tr> </table>	Date: _____	By: _____						
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**AMERICAN MEDICAL DIRECTORS ASSOCIATION
HOUSE OF DELEGATES
POSITION STATEMENT A03**

**SUBJECT: ROLE AND RESPONSIBILITIES OF THE MEDICAL
DIRECTOR IN THE NURSING HOME**

INTRODUCED BY: PUBLIC POLICY COMMITTEE

INTRODUCED IN: MARCH 2003

Introduction

In 1974, in response to perceived quality of care problems, Medicare regulations, for the first time, required a physician to serve as medical director in skilled nursing facilities and be responsible for the medical care provided in those facilities. Following the passage of the Nursing Home Reform Act in 1987, AMDA's House of Delegates, in March 1991, passed the *Role and Responsibilities of the Medical Director in the Nursing Home*, a document setting forth AMDA's vision for nursing facility medical directors. It outlines the medical director's role in nursing facilities and is the foundation for:

- AMDA's Certified Medical Director credential,
- AMDA's *Model Agreement for Professional Services* between medical directors and facilities, and
- Resolutions on medical direction in other long term care settings.

Since 1991, the long term care field has undergone fundamental changes in medical knowledge, clinical complexity, societal and legal attitudes, demographics and patient mix, reimbursement and care settings. Increasingly, medical directors are held accountable by state legislators, regulators, and the judicial system for their clinical and administrative roles in facilities of all kinds. At least one state has enacted legislation outlining the specific regulatory responsibilities and educational pre-requisites for medical directors, and other states may follow its lead. The 2001 Institute of Medicine report *Improving the Quality of Long Term Care* urges facilities to give medical directors greater authority and hold them more accountable for medical services. The report further states, "Nursing homes should develop structures and processes that enable and require a more focused and dedicated medical staff responsible for patient care. These

organizational structures should include credentialing, peer review, and accountability to the medical director (Institute of Medicine 2001, 140).” These developments made it apparent that several areas of AMDA’s 1991 document required careful re-examination and revision to develop a more clear vision for enhanced roles and responsibilities for medical directors.

In April 2002, AMDA convened an expert panel to review the document in the context of the evolution that is currently occurring within long term care. Their work product outlines the medical director’s major roles in the facility and is geared toward ensuring that appropriate care is provided to an increasingly complex, frail, and medically challenging population.

Role and Responsibilities

It is AMDA’s view that the roles and responsibilities of the medical director in the nursing home can be divided into four areas: physician leadership, patient care-clinical leadership, quality of care, and education.

Physician Leadership

- Help the facility ensure that patients have appropriate physician coverage and ensure the provision of physician and health care practitioner services; and
- Help the facility develop a process for reviewing physician and health care practitioner credentials;
- Provide specific guidance for physician performance expectations;
- Help the facility ensure that a system is in place for monitoring the performance of health care practitioners; and
- Facilitate feedback to physicians and other health care practitioners on performance and practices.

Patient Care – Clinical Leadership

- Participate in administrative decision-making and the development of policies and procedures related to patient care;

- Help develop, approve, and implement specific clinical practices for the facility to incorporate into its care-related policies and procedures, including areas required by laws and regulations;
- Review, respond to and participate in federal, state, local and other external surveys and inspections; and
- Help review policies and procedures regarding the adequate protection of patients' rights, advance care planning, and other ethical issues.

Quality of Care

- Help the facility establish systems and methods for reviewing the quality and appropriateness of clinical care and other health-related services and provide appropriate feedback; and
- Participate in the facility's quality improvement process;
- Advise on infection control issues and approve specific infection control policies to be incorporated into facility policies and procedures;
- Help the facility provide a safe and caring environment;
- Help promote employee health and safety; and
- Assist in the development and implementation of employee health policies and programs.

Education, Information, and Communication

- Promote a learning culture within the facility by educating, informing, and communicating;
- Assist the facility in developing medical information and communication systems with staff, patients, and families and others;
- Represent the facility to the professional and lay community on medical and patient care issues;
- Maintain knowledge of the changing social, regulatory, political, and economic factors that affect medical and health services of long term care patients; and
- Help establish appropriate relationships with other health care organizations.

RESULTS: Passed by HOD.

AMERICAN MEDICAL DIRECTORS ASSOCIATION

Role of the Attending Physician in the Nursing Home Position Statement E03

Introduction

The American Medical Directors Association (AMDA) was founded on the premise that physician involvement in long term care is essential to the delivery of quality long term care. Attending physicians should lead the clinical decision-making for patients under their care. They can provide a high level of knowledge, skill, and experience needed in caring for a medically complex population in a climate of high public expectations and stringent regulatory requirements.

In 1991, the House of Delegates passed Resolution B91, Role of the Attending Physician in the Nursing Home. It reflected AMDA's recognition that the nursing home reforms mandated by OBRA '87 required increased levels of physician participation and medical director oversight in nursing homes.

In 2001, AMDA decided to clarify the principles outlined in its 1991 policy statement and reaffirmed by various reports such as the Institute of Medicine's *Improving the Quality of Long Term Care*. Like anyone, physicians need clearly stated expectations in order to fulfill their responsibilities. These revisions reflect essential functions and tasks that physicians should perform and cannot readily delegate to others. Although various factors make physician adherence challenging, AMDA believes that attending physicians should work with medical directors to address the obstacles, not cite them as a reason to avoid responsibility.

1. **Responsibility For Initial Patient Care.** The attending physician should:
 - Assess a new admission in a timely fashion (based on a joint physician-facility-developed protocol, and depending on the individual's medical stability, recent and previous medical history, presence of significant or previously unidentified medical conditions, or problems that cannot be handled readily by phone);
 - Seek, provide, and analyze needed information regarding a patient's current status, recent history, and medications and treatments, to enable safe, effective continuing care and appropriate regulatory compliance;
 - Provide appropriate information and documentation to support the facility in determining the level of care for a new admission;
 - Authorize admission orders in a timely manner, based on a joint physician-facility-developed protocol, to enable the nursing facility to provide safe, appropriate, and timely care; and
 - For a patient who is to be transferred to the care of another health care practitioner, continue to provide all necessary medical care and services pending transfer until another physician has accepted responsibility for the patient.

2. **Support Patient Discharges and Transfers.** The attending physician should:
 - Follow-up with a physician or another health care practitioner at a receiving hospital as needed after the transfer of an acutely ill or unstable patient;

- Provide whatever documentation or other information may be needed at the time of transfer to enable care continuity at a receiving facility and to allow the nursing facility to meet its legal, regulatory, and clinical responsibilities for a discharged individual; and
 - Provide pertinent medical discharge information within 30 days of discharge or transfer of the patient.
3. **Make Periodic, Pertinent On-Site Visits to Patients.** The attending physician should:
- Visits patients in a timely fashion, based on a joint physician-facility-developed protocol, consistent with applicable state and federal regulations, depending on the patient's medical stability, recent and previous medical history, presence of significant or previously unidentified medical conditions, or problems that cannot be handled readily by phone;
 - Maintain progress notes that cover pertinent aspects of the patient's condition and current status and goals. Periodically, the physician's documentation should review and approve a patient's program of care.
 - Determine progress of each patient's condition at the time of a visit by evaluating the patient, talking with staff as needed, talking with responsible parties/family as indicated, and reviewing relevant information, as needed;
 - Respond to issues requiring a physician's expertise, including the patient's current condition, the status of any acute episodes of illness since the last visit, test results, other actual or high risk potential medical problems that are affecting the individual's functional, physical, or cognitive status, and staff, patient, or family questions regarding the individual's care and treatments; and
 - At each visit, provide a legible progress note in a timely manner for placement on the chart (timely to be defined by a joint physician-facility protocol). Over time, these progress notes should address relevant information about significant ongoing, active, or potential problems, including reasons for changing or maintaining current treatments or medications, and a plan to address relevant medical issues.
4. **Ensure Adequate Ongoing Coverage.** The attending physician should:
- Designate an alternate physician or appropriately supervised midlevel practitioner who will respond in an appropriate, timely manner in case the attending physician is unavailable;
 - Update the facility about his or her current office address, phone, fax, and pager numbers to enable appropriate, timely communications, as well as the current office address, phone, fax and pager numbers of designated alternate physicians or an appropriately supervised midlevel practitioner;
 - Help ensure that alternate covering practitioners provide adequate, timely support while covering and intervene with them when informed of problems regarding such coverage;
 - Adequately notify the facility of extended periods of being unavailable and of coverage arranged during such periods
 - Adequately inform alternate covering practitioners about patients with active acute conditions or potential problems that may need medical follow-up during their on-call time.
5. **Provide Appropriate Care to Patients.** The attending physician should:
- Perform accurate, timely, relevant medical assessments;
 - Properly define and describe patient symptoms and problems, clarify and verify diagnoses, relate diagnoses to patient problems, and help establish a realistic prognosis and care goals;
 - In consultation with the facility's staff, determine appropriate services and programs for a

patient, consistent with diagnoses, condition, prognosis, and patient wishes, focusing on helping patients attain their highest practicable level of functioning in the least restrictive environment;

- In consultation with facility staff, ensure that treatments, including rehabilitative efforts, are medically necessary and appropriate in accordance with relevant medical principles and regulatory requirements;
- Respond in an appropriate time frame (based on a joint physician-facility-developed protocol) to emergency and routine notification, to enable the facility to meet its clinical and regulatory obligations;
- Respond to notification of laboratory and other diagnostic test results in a timely manner, based on a protocol developed jointly by the physicians and the facility, considering the patient's condition and the clinical significance of the results;
- Analyze the significance of abnormal test results that may reflect important changes in the patient's status and explain the medical rationale for subsequent interventions or decisions not to intervene based on those results when the basis for such decisions is not otherwise readily apparent;
- Respond promptly to notification of, and assess and manage adequately, reported acute and other significant clinical condition changes in patients;
- In consultation with the facility staff, manage and document ethics issues consistent with relevant laws and regulations and with patients' wishes, including advising patients and families about formulating advance directives or other care instructions and helping identify individuals for whom aggressive medical interventions may not be indicated; and
- Provide orders that ensure individuals have appropriate comfort and supportive care measures as needed; for example, when experiencing significant pain or in palliative or end-of-life situations;
- Periodically review all medications and monitor both for continued need based on validated diagnosis or problems and for possible adverse drug reactions. The medication review should consider observations and concerns offered by nurses, consultant pharmacists and others regarding beneficial and possible adverse impacts of medications on the patient.

6. Provide Appropriate, Timely Medical Orders and Documentation. The attending physician should:

- Provide timely medical orders based on an appropriate patient assessment, review of relevant pre- and post-admission information, and age-related and other pertinent risks of various medications and treatments;
- Provide sufficiently clear, legible written medication orders to avoid misinterpretation and potential medication errors, such orders to include pertinent information such as the medication strength and formulation (if alternate forms available); route of administration; frequency and, if applicable, timing of administration; and the reason for which the medication is being given;
- Verify the accuracy of verbal orders at the time they are given and authenticate, sign and date them in a timely fashion, no later than the next visit to the patient.
- Provide documentation required to explain medical decisions, that promotes effective care, and allows a nursing facility to comply with relevant legal and regulatory requirements
- Complete death certificates in a timely fashion, including all information required of a physician.

- 7. Follow Other Principles of Appropriate Conduct.** The attending physician should:
- Abide by pertinent facility and medical policies and procedures
 - Maintain a courteous and professional level of interaction with facility staff, patients, family/significant others, facility employees, and management
 - Work with the medical director to help the facility provide high quality care
 - Keep the well-being of patients/residents as the principal consideration in all activities and interactions.
 - Be alert to, and report to the medical director –and other appropriate individuals as named through facility protocol— any observed or suspected violations of patient/resident rights, including abuse or neglect, in accordance with facility policies and procedures.

RESULTS: Passed by HOD.

Clinical Practice Guidelines and Other CPG Tools

AMDA has published the following Clinical Practice Guidelines specifically for use in long term care settings. The subjects are noted below (year of publication is indicated in parentheses). Click on a CPG title for a description.

- [Acute Change of Condition in the Long Term Care Setting](#) (2003)
- [Altered Mental States](#) (1998)
- [Altered Nutritional Status](#) (2001)
- [COPD Management in the Long Term Care Setting](#) (2003)
- [New! Common Infections in the Long Term Care Setting](#) (2004)
- [Dehydration and Fluid Maintenance](#) (2001)
- [New! Dementia](#) (1998, revised 2005)
- [Depression](#) (1996, revised 2003)
- [Falls and Fall Risk](#) (1998, revised 2003)
- [Guideline Implementation](#) (1998)
- [Heart Failure](#) (1996, revised 2002)
- [Managing Diabetes in the Long Term Care Setting](#) (2002)
- [Osteoporosis](#) (1998, revised 2003)
- [Pain Management in the Long Term Care Setting](#) (1999, revised 2003)
- [Parkinson's Disease](#) (2002)
- [New! Pharmacotherapy Companion to Depression](#) (1998, revised 2005)
- [Pressure Ulcer Therapy Companion](#) (1999)
- [Pressure Ulcers](#) (1996)
- [New! Stroke Management and Prevention in the Long Term Care Setting](#) (2005)
- [Urinary Incontinence](#) (1996)

CPG Implementation Tool Kits

- [New! Tool Kit for Implementation of the Clinical Practice Guideline for Pain Management](#) (2004)
- [New! Tool Kit for Implementation of the Clinical Practice Guidelines for Pressure Ulcers](#) (2004)
- [We Care: Implementing Clinical Practice Guidelines Tool Kit](#) (2003)

CPG Handheld (PDA) Applications

- [New! PDA Application: Depression \(Palm/PDA format\)](#) (2005)
- [New! PDA Application: Depression \(PocketPC format\)](#) (2005)
- [New! PDA Application: Falls and Fall Risk \(Palm/PDA format\)](#) (2005)
- [New! PDA Application: Falls and Fall Risk \(PocketPC format\)](#) (2005)
- [New! PDA Application: Pain Management \(Palm/PDA format\)](#) (2004)
- [New! PDA Application: Pain Management \(PocketPC format\)](#) (2004)

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