Role of the Nursing Home Medical Director

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DEFINITIONS

- “Attending Physician” refers to the physician who has the primary responsibility for the medical care of a resident.

- “Medical director” refers to a physician who oversees the medical care and other designated care and services in a health care organization or facility. Under these regulations, the medical director is responsible for coordinating medical care and helping to develop, implement and evaluate resident care policies and procedures that reflect current standards of practice.
DEFINITIONS

- Medical Directors are usually not full time
- Medical Directors often have no contract and usually no written job description
- Medical Directors may be at more than one facility or have an outside practice
- Medical Directors often are not employees and may not receive standard benefits
- Medical Directors typically have significant responsibilities outside the nursing home
- Attending physicians may not report to the Medical Director
- The Medical Director may also be an Attending Physician
I was unfaithful to you once. With some redhead. In the men’s room of a pool hall in 1971. I was drunk.

That was me.
MEDICAL DIRECTION

- FACILITY
  - RESPONSIBLE FOR DESIGNATING LICENSED PHYSICIAN IN STATE FACILITY LOCATED
  - PROVIDE SERVICE SEVERAL METHODS
  - IDENTIFY EXPECTATIONS

- MEDICAL DIRECTOR
  - LICENSED
  - UNDERSTAND THE EXPECTATIONS AND HELP DEVELOP EXPECTATIONS
Implementation of Resident Care Policies and Procedures

**FACILITY**

- The facility is responsible for obtaining the medical director’s ongoing guidance in the development and implementation of resident care policies, including review and revision of existing policies
- Must show proof of MD input

**MEDICAL DIRECTOR**

- helping the facility to incorporate current standards of practice into resident care policies and procedures/guidelines to help assure that they address the needs of the residents.
- regulations do not require the medical director to sign the policies or procedures
Implementation of Resident Care Policies and Procedures

- must guide, approve, and help oversee the implementation of the policies and procedures*

- Admissions policy
- Integrated delivery services
- Ancillary services
- Staff qualifications
- Facility implementation end of life care
- Provisions for resident decision making
- Mechanisms for resolving issues related to medical care
Implementation of Resident Care Policies and Procedures

– Provision of physician services

– Systems to ensure that other licensed practitioners (e.g., nurse practitioners) who may perform physician-delegated tasks act within the regulatory requirements and within the scope of practice as defined by State law

– Procedures and general clinical guidance for facility staff regarding when to contact a practitioner
A heart? An eagle? A mermaid?

In 2055, retirement village residents play a game of "Guess what the tattoo used to be!"
Coordination of Medical Care
Coordination of Medical Care

- Identified through facility’s QA committee and meetings
- Each resident has primary care
- Develop credentialing process for MDs and NPs
- Address and resolve issues between providers and facility staff
Coordination of Medical Care

- Facilitate feedback to attending physicians and NPs about performance
- Review individual resident cases as indicated
- Review consultant recommendations
- Discussing and intervening (as appropriate) with a health care practitioner about medical care that is inconsistent with applicable current standards of care
- Identifying facility or practitioner educational and informational needs
- Helping educate and provide information to staff, practitioners, residents, families and others *
When I was younger, all I wanted was a nice BMW. Now, I don't care about the W.

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Employee Health
Employee Health

approve policies that cover employee immunization programs,
address diagnosis and treatment of infectious illnesses that could be transmitted to residents or other employees.
"Yes! That was very loud Sir, but I said I wanted to hear your HEART!"
Medical Director Training
Medical Director Training

These guidelines endorse the appropriate training and education of all physician medical directors working in long-term care settings.

AMDA
CMD
strongly encouraged
Medical Director, Quality Assurance and Quality Improvement
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- Omnibus Reconciliation Act (OBRA) of 1987
- at least a quarterly meeting to address the facility’s quality assurance activities.
- medical director should take a leadership role
- Assess, evaluate, identify high risk, high volume resident care issues related to quality of care, quality of life, safety, and environmental concerns
- Working on subgroups for infection control, therapeutic medication management and nurse/physician unit issues.
Medical Director, Quality Assurance and Quality Improvement

- The medical director should also be familiar with the facility’s process of performance of the Resident Assessment Instrument (RAI) system, which includes gathering Minimum Data Set (MDS) data, developing care plans and reviewing the quality indicators/quality measures as a part of the ongoing quality assurance activities.
Retirement
Twice as much husband. Half as much money.

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Survey Considerations

Compliance for F501
Survey Considerations
Compliance for F501

– During and after the survey process, the medical director can clarify for the surveyors clinical questions or information about the care of specific residents, request surveyor clarification of citations on clinical care, attend the exit conference
– help in understanding the nature and scope of the facility's deficiencies
– help the facility draft corrective actions
– have a general and specific knowledge of the regulations and F-Tags specific to their direction but also associated with Quality of Care and Quality of Life issues.
At my age... flowers scare me.
Challenges with Medical Directors

Global Problem
Challenges with Medical Directors

Most physicians are part time
   have busy full time jobs
   facilities cannot afford full time medical director
Difficult managing attending physicians
Not in the managing process of facility staff
Unable to be present during facility surveys, care plan meetings, difficult family meetings
Have no long term care experience, education
OLD PEOPLE ROCK!

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