An Engaged Medical Director: A Real Asset to an LTCF

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Medical Director—Four Roles

- Role 1—Physician Leadership: The medical director serves as the physician responsible for the overall care and clinical practice carried out at the facility.
- Role 2—Patient Care-Clinical Leadership: The medical director applies clinical and administrative skills to guide the facility in providing care.
- Role 3—Quality of Care: The medical director helps the facility develop and manage both quality and safety initiatives, including risk management.
- Role 4—Education, Information, and Communication: The medical director provides information that helps others (including facility staff, practitioners, and those in the community) understand and provide care.

LTCF Medical Director Services

- Coordinate services of physicians, advanced practitioners, and other ancillary providers
- Assist leadership in ensuring that Quality of Care standards are met; regularly participate in Quality Assurance/Process Improvement meetings and activities
- Ensure coverage and proper equipment/training for medical emergencies
- Participate in risk management activities
- Education of staff/families and community outreach
- Periodically review and make recommendations for facility policies that relate to medical care
- Remain familiar with state and federal regulations as they relate to medical care, infection control, etc.
- MAINTAIN PRESENCE IN FACILITY (for admin, staff, patients, families)

Coordinate Medical Staff Services

- Review credentialing policies, consult on credentialing of new providers
- Assist in challenging medical cases
- Develop rapport with medical staff and, where appropriate, communicate with medical staff on behalf of facility leadership regarding medical policies and issues
- Coordinate with consultants, therapists, hospice, pharmacy, dietary, and other ancillary providers
- Develop protocols for contacting providers

Quality of Care/QAPI Meetings

- Readmissions
- Polypharmacy
- Infection Control
- Wounds, Falls, Weight Loss
- Antibiotic Stewardship
- Patient/Family Satisfaction
- Staff Training and In-Services

Approach to QAPI Meetings

Recurring agenda topics

Baseline metrics and trends (at least 6 months)

- Benchmarks and goals
- “Leading” indicators

“Triage” for metrics trending in wrong direction and/or not at goal

- Root Cause Analysis (RCA)
- Plan-Do-Check-Act (PDCA)
- Process Improvement Project if indicated (PIP)

Continually reassess benchmarks and goals

Approach to QAPI Meetings- Examples

- Goal UTI rate 5%, current rate 3% for November and less than 5% for past 6 months; continue to monitor at monthly QAPI meetings
- Goal antibiotic start rate is 20 per 1000 patient days but current rate is 40 per 1000 patient days; root cause analysis shows that azithromycin prescriptions have increased 3-fold due to “acute bronchitis” but none of those antibiotic starts had documentation of McGeer criteria, PDCA planned to evaluate McGeer criteria on antibiotics for respiratory infections and perform and antibiotic time-out for respiratory infections

Medical Emergencies

- Provider coverage
  - On-call including back-up call arrangements
- Proper equipment
  - AED charging and training, crash cart, etc.
- Advance Directives
  - Code status, OHDNR, POLST/MOLST/TPOPP
- Proper staff training
  - BLS, ACLS, Mock Code Drills

Risk Management and Community Outreach

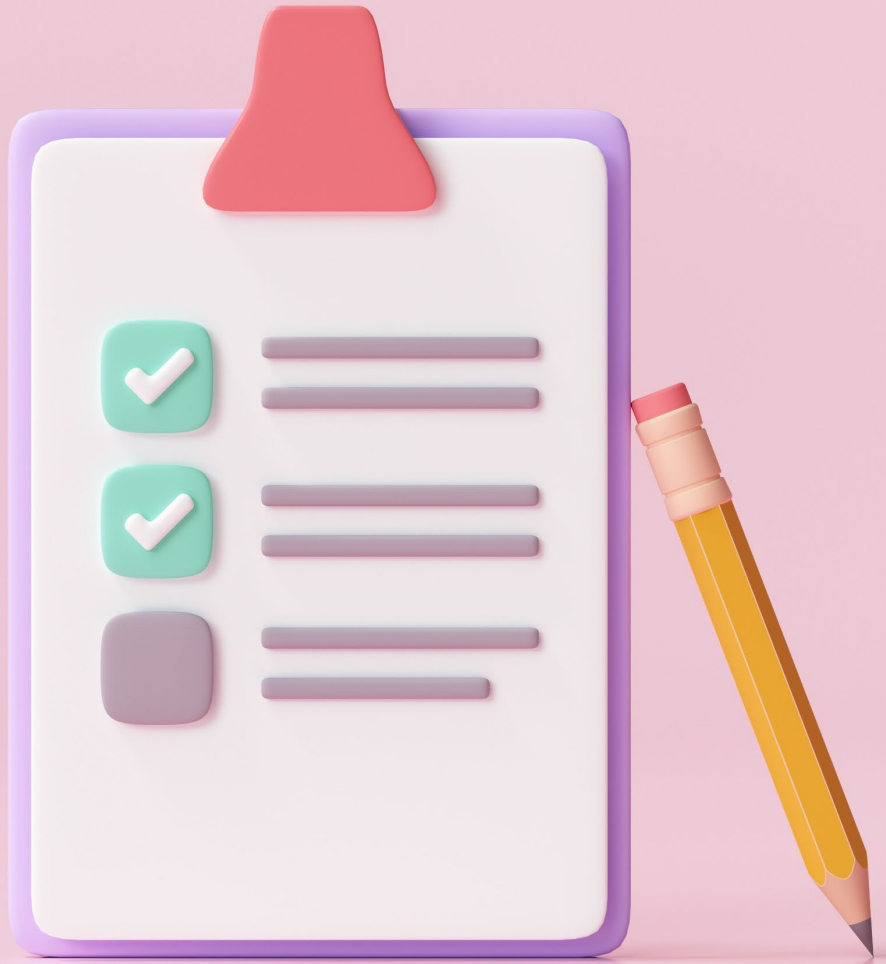
- Risk meetings or incorporate into QAPI Meetings
- Review high-risk cases, peer review process
- Health fairs, resident and family education
- Write-ups for facility newsletter, website
- Staff Q&A (e.g. vaccines) and in-services
- Liaison with hospital, public health

Facility Policies and Procedures

Regular review of policies/procedures	E.g. at QAPI/risk meetings Survey prep
Ad hoc review of policies/procedures	Plan of Correction for survey citation Following near-miss situation/Transition of Care issue
Recommendations for new policies/procedures	COVID-19 pandemic New vaccines (e.g. PCV, RSV, Covid-19) New situations (e.g. possible active TB case)

State and Federal Regulations

- Infection Control
- Antibiotic Stewardship
- Antipsychotic Medications
- Behavioral Health
- Medical Oversight/Visit Frequency
- Advance Directives/Code Status
- State and Federal Advocacy



Case Example

- A state surveyor visits your LTCF on a complaint that a patient was hospitalized with *Clostridium Difficile* colitis and the ER doctor told the patient's daughter that this infection was preventable. The surveyor asks to see the facility policy for antibiotic stewardship, as well as minutes from the last QAPI meeting. The administrator, who started 3 months ago, is unable to locate an antibiotic stewardship policy, and the last QAPI meeting was 9 months ago. The QAPI meeting covered wounds and falls, and the medical director was not in attendance. The administrator is unsure how to reach the facility medical director
- *How could the medical director been more helpful to the facility in this situation?*

PALTMed and MALTCP

- Post Acute and Long Term Care Medical Association
- Missouri Association of Long Term Care Practitioners

- 2009 JAMDA Study—15% improvement in quality with engaged medical director
- Certification for Medical Directors
- Resources including Medical Director Agreement Templates
- PBJ Reporting and sample hourly logs

PALTMed and National Trends

Certified Medical Director

- 50 hours of on-line training plus multi-day in-person training
- California, North Dakota, others moving toward requiring CMD for LTCF Medical Directors
- Assisted Living/CCRC's

Public Reporting of Medical Director

- Newly passed November 2023
- CMS in the CMS Nursing Home Transparency Final Rule has clarified that nursing home medical directors are "managing employees" of the facility and as such will have their name disclosed on public records.

“Getting Started”

Review readmissions/determine root causes	
Work with consultant pharmacist to address polypharmacy	
Education for staff/families	Vaccines, ACP, antibiotic stewardship
Regular attendance at QAPI and participation in PIP	Infection control, antibiotic stewardship, TPOPP

QUESTIONS/DISCUSSION