



The Evolving Role of the Nursing Home Medical Director

How Medical Directors can support their facility in light of new CMS Survey Guidance

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Fall 2025



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Learning Objectives


- Identify elements of the Spring 2025 updated CMS survey guidance that involve the role of the Medical Director
- Describe focus areas to engage Medical Directors to best support your facility when preparing for and undergoing a state survey
- Review several best practices and resources through which Medical Directors can support such initiatives as optimizing psychotropic prescribing, antibiotic stewardship, and QAPI

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Updated CMS Guidance Spring 2025

QSO-25-14-NH, 900+ pages, focuses on new state survey guidance

- Includes updated guidance regarding Medical Directors
- Also includes updated guidance regarding issues related to medical staff
 - Antipsychotics
 - Unnecessary Medications
 - Infection Control
 - Pain Management
 - QAPI



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Medical Director Responsibilities (F841)

- Implementation of resident care policies such as ensuring physicians and other practitioners adhere to facility policies on diagnosing and prescribing medications and intervening with a health-care provider.
- Participation in the quality assessment and assurance committee (QAA) or assigning a designee to represent him/her. (refer to F868)
- Addressing issues related to the coordination of medical care and implementation of resident care policies identified through the facility's quality assessment and assurance committee and other activities.
- Active involvement in the process of conducting the facility assessment. (refer to F838)
- The QAPI and QAA review also includes medical director questions (page 856) and new interview questions on the critical element pathway for unnecessary medications (page 872).


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Additional Medical Director Responsibilities

- Administrative decisions, including recommending, developing, and approving facility policies related to residents' care. Resident care includes physical, mental, and psychosocial well-being.
- Discussing and intervening (as appropriate) with a health-care practitioner regarding medical care that is consistent with current standards of care, for example, physicians assigning new psychiatric diagnoses and/or prescribing psychotropic medications without following professional standards of practice.


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Resident Care Policies - Where to Begin?



Medical Director should be reviewing/signing off on facility policies at least yearly

Also involve Medical Director in creation/revision of resident care policies



Areas of focus:

QAPI
Unnecessary Medications/Psychotropics
Antibiotic Stewardship
Infection Control
Pain Management

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QAPI and Medical Directors



- Minimum quarterly attendance
- "Old stand-bys"—falls, wounds, weight loss control
- Consider adding psychotropics, opioids, and stewardship to the agenda
- Help direct triage of areas needing process
 - Ask for at least six-month data trends
 - Compare to national/state averages as available
- Health Equity considerations



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Unnecessary Medications/Psychotropics

- All medications should be attached to an appropriate diagnosis
- Antipsychotics/psychotropics associated with a diagnosis that meets DSM-5 criteria
- Schizophrenia/Huntington's/Tourette's does not require additional justification (but should still document consent/target symptoms)
- Other DSM-5 diagnoses require additional documentation to justify use of antipsychotics/psychotropics
 - Specific symptoms/behaviors that are targeted and monitoring plan
 - Avoiding "chemical restraint"
 - Attempts at non-pharmacologic treatment (even if concurrent)
 - Patient/POA informed consent

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Psychotropic Best Practices for Med Directors



Gradual Dose Reductions (GDR)-model participation
Partner with Consultant Pharmacist
Don't simply change psychotropic classes



Psychotropic meetings




Educate in-house medical staff



Educate local hospitalists, ER physicians

Many not aware of nursing home regulations (e.g. prescription for short term quetiapine for sleep)

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Psychotropic Meetings

- At least quarterly, consider monthly rotating census
- Medical Director, DON, unit managers at a minimum
 - Consultant pharmacist, psychiatry, other med staff ideally
- Objective data-cognitive testing, depression screening, AIMS, weights, diagnoses, meds, labs, hx of GDR/dose adjustments
- Other info-care plans, staff observations, family preferences
- Create recommendations for primary physicians if not present
- Is there appropriate documentation for psychotropic med use?
- Incorporate flowsheets into chart/care plan

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Psychotropic Review Meeting Flowsheet-Example

Resident Name:		Date of Review:												
BHHS Score	PHQ9 Score	Eligement Booking? (Y/N)	APMs Completed? (Y/N and Date)	Weights? (trending up or down?)										
Diagnoses	Behaviors documented? (explain)	Psychotropic Therapy (Med, Dose, and Start Date)	GDR Trials/Attempts (Dates & Results)											
Relevant Labs	Pharmacy Recommendations	Physician Recommendations and New Interventions												
Care Plan Updated? (Y/N)		Attendees												
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Antibiotic Stewardship and Med Directors

- Does a policy exist?
- Accurate diagnosis of infections
 - Loeb and McGeer Criteria
- Tracking of infections and antibiotic use—QAPI meetings
- PCR use optimization
 - Culture is still gold standard
- "Antibiotic Time Outs"
 - 72-hour mark-were criteria used, culture/lab/X-ray results?
 - Actions and orders








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Antibiotic Time-out Form-Example

[illegible]

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Infection Control and Med Directors

- | | |
|---|---|
|  | Advising on Enhanced Barrier Precautions |
|  | Advising on Respiratory/GI Virus Outbreaks |
|  | Modeling Behavior (hand washing, PPE donning/doffing) |
|  | Vaccine Promotion (to patients and staff) |
|  | Educate staff and families (In-services, Q&A, Zoom meetings) |

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[illegible]

Pain Management and Medical Directors

Does a pain management policy exist?

Appropriate diagnoses associated w/ patients on chronic opioids

Individualized treatment plans for patients on chronic opioids

Initiation of opioids should lean toward immediate release over extended release

Consider incorporating into QAPI (review of # of opioid prescriptions and are above considerations in place)


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Facility Assessments and Medical Directors

- Focus on these sections:
 - Resident population
 - Diagnoses, diseases, conditions
 - Resource assessment
 - Next slide
 - Operations
 - Resident care policies and implementation
 - QAPI
 - Meeting frequency, agendas, process improvement projects



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Facility Assessment-Resource Assessment

- Staff competencies
 - Dementia care, infection prevention, trach care, wound care, G-tube, ostomy, behavioral health
- Equipment
 - Bladder scan, trach supplies, IV and G-tube pumps, e-kit meds
- Ancillary medical staff and services
 - Wound care, psychiatry, physiatry, advanced practitioners, hospice/palliative care, therapy

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Medical Director and the State Survey

- Expect Medical Director to be interviewed
 - Available by phone or in person for the surveyors
- Likely focus on Resident Care Policies and QAPI
 - Was medical director aware of a certain case with poor outcome?
 - Was medical director aware of deficiencies in documentation?
 - Especially related to unnecessary medications?
 - Is medical director aware of resident care policies?
 - Did medical director review policies? Participate in policy creation?
 - Does medical director participate in QAPI?
 - How does medical director plan to address a deficiency that involves medical care and/or medical staff?



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Resources for Medical Directors-PALTmed



- Offers "Certified Medical Director" (CMD) credential
 - Includes training on regulatory environment, surveys, and QAPI
- PALTmed Midwest (formerly MALTCP-Missouri Association of LTC Practitioners)
 - Focuses more on local issues, advocacy, education (e.g., TPOPP)
 - Aiming for 2-3 educational conferences per year

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Take Home Points



Medical Directors should attend and engage in QAPI meetings at least quarterly



Medical Directors should review Resident Care Policies and Facility Assessments at least yearly and participate in updates



Medical Directors should participate in facility efforts to address psychotropic medications, infection control, pain management, and antibiotic stewardship



PALTmed offers excellent national and local resources for Medical Directors

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Questions?

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