

## The Medical Director and the Needs of the Skilled Nursing Facility

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## Goal and Objectives

- To familiarize the audience with the roles and responsibilities of the Medical Director in the SNF in 2013. At the Conclusion of this lecture the audience should:
  - Be familiar with the Federal Regulations associated with medical direction (F tag 501 and others)
  - Be familiar with the scope of long-term care policies and procedures which cover the safety and health and well-being of residents and staff
  - Be able to help review critically current/develop and help implement policies and procedures associated with resident quality of life

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## History Lesson

- 1974: Medical director in SNF required and responsible for the medical care provided in those facilities.
- 1987: Nursing Home Reform Act in 1987
- 1991: AMDA House of Delegates approved the *Role and Responsibilities of the Medical Director in the Nursing Home*
  - vision for nursing facility medical directors written by medical directors
  - outlines the medical director's roles in nursing facilities and is the foundation

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### AMDAs Vision Lead to:

- Medical Direction Core Curriculum and numerous educational products
- AMDA's Certified Medical Director credentials
- AMDA's *Model Medical Director Agreement and Supplemental Materials*
- Resolutions on medical direction in other long term care settings.

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### The Role of the IOM

- 2001: Institute of Medicine report *Improving the Quality of Long Term Care*
  - urges facilities to give medical directors greater authority
  - hold them more accountable for medical services.
  - nursing homes should develop structures and processes that enable and require a more focused and dedicated medical staff responsible for patient care.

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- 2002: AMDA convened a panel to review the document in the context of changes within long-term care.
- 2005: Centers for Medicare & Medicaid Services revised the Surveyor Guidance related to F-Tag 501 (Medical Director)
- 2012: New York DOH published in collaboration with NYMDA "Guidelines on Medical Direction and Medical Care in Nursing Homes"

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### Public Opinion of LTC:

- o Rosaline Kane: Absence of bedsores, depression and malnutrition is hardly evidence of a good quality of life or of goals to inspire generations of care providers. A good quality of life should be elevated to a priority goal of LTC
- o Kaiser Family Foundation Health Poll Survey June 2005:
  - o Percent who strongly or somewhat agree that NH provide safe & protected environment for frail & disabled unavailable at home: 69%
  - o For most people moving into a NH:
    - o Better off: 19%
    - o Worse off 41%
    - o No difference 23%
    - o Don't know 17%

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### Kaiser Poll Continued:

- o Staff concerned with resident well-being: 68%
- o NH provide high quality services:
  - o Agree 46%
  - o Disagree 42%
- o Who's doing a good job:
  - o Nurses 84%
  - o Doctors 69%
  - o Hospitals 64%
  - o Nursing Homes 35%
  - o Health Insurance Companies 34%
  - o HMOs 30%

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### F501

- o Three key aspects
  - o Physician as Medical Director
  - o Implementing resident care policies
  - o Coordination of medical care
- o The facility
  - o Designates a physician
  - o Collaborates with the Medical Director
- o The medical director helps the facility identify, evaluate, and address/resolve medical and clinical concerns and issues that:
  - o Are related to the provision of services by physicians and other licensed health care practitioners
  - o Affect resident care, medical care, or quality of life

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### 1) Development of Medical Care Policies and Procedures

- o All resident medical care
  - o Scope of services
    - o Recruitment and credentialing/privileging of health care providers
    - o On-going peer review
  - o Capacity to provide adequate care
    - o Dialysis patients
    - o End-of-life
    - o Acute/sub-acute care
    - o Dementia care
    - o Mental health care
    - o Problem behaviors

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### 2) Definition of Physician Responsibilities

- o Resident medical care oversight
  - o Assessments, diagnoses, treatment plan implementation, monitoring
  - o Timely visits, medical orders
  - o Documentation
  - o Emergency coverage
  - o Communication abilities with nursing and other staff
  - o Communication with community agencies
- o Medical Director Informs physicians of expectations
- o Reviews and monitors medical care

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### 3) Quality Initiatives

- o Quality Assurance/Improvement
  - o Regardless of whether the Medical Director is a member of the Quality Assurance or CQI Committee, is there input from the Medical Director ?
  - o How does the Medical Director communicate with the interdisciplinary team (particularly the physicians) medical care issues?

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### Medical Direction is about:

- o Assuring the highest quality care
- o Improving patient outcomes
- o Improving family satisfaction
- o Improving facility skill sets
- o Improving facility survey results
  - o Knowledge of regulations
  - o Provision of resident-centered care
  - o Empowering staff

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### Noncompliance with F501

- o Facility and Medical Director fail to:
  - o Have a physician identified in the role and is active in that role
  - o Coordinate and evaluate medical care
  - o Identify, evaluate, and address health care issues
  - o Assure appropriate physician care/coverage
  - o Resolve issues related to care continuity/transfer of medical information
  - o Review, consider and/or act upon consultants' recommendations
  - o Discuss/intervene with practitioners about medical care that is inconsistent with applicable current standards of care
  - o Have system to monitor performance and practices of health care practitioners

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### How About Other Significant F Tags Involving Active Medical Direction ???

- o 70 of the F Tags relate directly or indirectly to Quality of Life and could involve the leadership /guidance of the medical director and or physician staff
  - o F201-4: Transfer and Discharge
  - o F208: Admission policies
  - o F329: Unnecessary drugs
  - o F428: Drug regimen review
  - o F323-4 Accidents
  - o F 309: Assessment and management of pain
  - o F 314: Assessment, care and prevention of pressure sores

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## 5-STAR RATING

- The top 10 percent (lowest 10 percent in terms of health inspection deficiency score) in each State receive a five-star rating.
- The middle 70 percent of facilities receive a rating of two, three, or four stars, with an equal number (approximately 23.33 percent) in each rating category.
- The bottom 20 percent receive a one-star rating.

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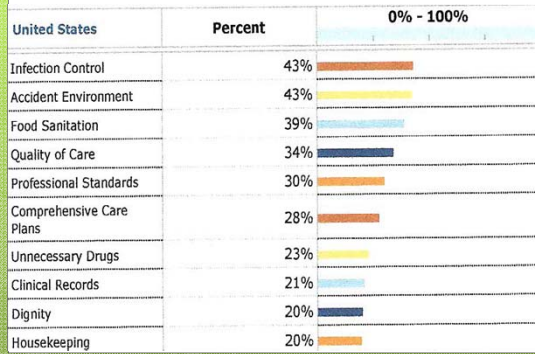
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## LEADING DEFICIENCIES




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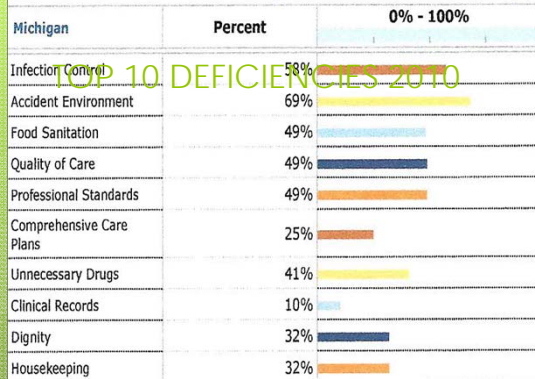
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## TOP 10 DEFICIENCIES 2010




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### Information Gathering with QIS

- o MDS – 24%
- o Resident interviews – 21%
- o Resident chart reviews – 18%
- o Resident observations – 16%
- o Family interviews – 12%
- o Staff interviews – 9%

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### Medical Director Initiatives

- o Accident Assessment and Prevention
  - o Safety Committee
    - o Falls subcommittee
  - o Developing investigational skills
  - o Tracking patterns
    - o Units
    - o Shifts
    - o Specific times
    - o Locations

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### Medical Director Initiatives

- o Fecal Impaction
  - o *Prevalence of Fecal Impaction (Most Recent MDS) MDS > 1.0%*
- o Infection Control & Immunizations
  - o Infection Control - Program
- o Hospitalization or Death
  - o *Death (Chart/Most Recent MDS) Random Admission > 1.0%*
  - o Hospitalization Within 30 Days

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## Pressure Sore Initiative "War on the Sore"

- o Interdisciplinary team approach
  - o Wound Rounds
    - o Medicine, Nursing, Therapies, Nutritional Services, Pharmacy
  - o Communication with primary care
    - o Hands-on caregivers
    - o Physicians
  - o Expectations of caregivers/families

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## Unnecessary Drugs

- o When are medications considered unnecessary ????
- o What is magical about 9 or more meds ?
- o Can we "treat" everything
- o Expectations of medicine
  - o Dementia management
  - o Mental health
  - o Palliative care
  - o Preventative care
  - o Symptomatic care
- o Increasing the role of the pharmacy services

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## Pain Recognition and Management

- o Everyone on the same assessment page
  - o Continuing education
    - o Acute vs. chronic pain assessment
  - o CNAs
  - o Nursing
  - o Physicians
  - o Residents
  - o Family members
- o Active involvement of pharmacy services

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## Safely Admitting/Transferring

- Developing more than a simple "transfer" agreement with receiving institutions
- Sharing of cultures
- Using the "HIPAA Excuse Barrier"
- How to make information readable/useable/accessible ??
- Case Examples:
  - The resident after a fall
  - The injured resident
  - The confused identity resident

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## Resources, Where to Go, What to Get ?

- [www.amda.com](http://www.amda.com)
- This Webpage of the American Medical Directors Association provides a wealth of information to the professional as well as the consumer:
  - General Long-Term Care information, Toolkits, Guidelines, Position Papers, Associated Web Links
  - DO FACILITIES KNOW OF THESE RESOURCES FOR THEIR MEDICAL DIRECTOR AND PHYSICIANS MEMBERS ??????????
- Contact AMDA at:  
11000 Broken Land Parkway, Suite 400  
Columbia, MD 21044  
Phone: 800-876-2632/410-740-9743  
FAX: 410-740-4572 or  
email: [webmaster@amda.com](mailto:webmaster@amda.com)

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## UPCOMING EDUCATIONAL EVENTS:

April 30th, 2013

[AMDA Live Webinar: Medication Management: Antipsychotics](#)  
Presenter: [Matthew Wayne, MD, CMD](#)

July 27th - August 2nd, 2013

[Core Curriculum on Medical Direction in Long Term Care](#)  
[Baltimore, MD](#)

October 4th - 6th, 2013

[Advanced Curriculum on Medical Direction in Long Term Care](#)  
[Atlanta, GA](#)

March 21st - 24th, 2013

[AMDA Long Term Care Medicine - 2013](#)  
[Washington, DC](#)

September 21st, 2013 - *Registration now open!*

[Navigating Mood and Behavior Challenges in Long Term Care: Strategies for Optimal Outcomes](#)

[New Orleans, LA](#)

November 2nd - 8th, 2013

[Core Curriculum on Medical Direction in Long Term Care](#)  
[Orlando, FL](#)

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