



# Practical Strategies for Medical Director Effectiveness




A Century Strong - Rocking the Future of Care

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# Why do we have medical directors?

A Brief History

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## Quality Problems in Nursing Homes led to OBRA

**pre-OBRA-87**  
 Deficient standards; focus on paper compliance  
 Ineffective compliance mechanisms  
 High use of restraints (physical and chemical)

**post-OBRA-87**  
 Focus on “maximum possible functioning” and elevated patient rights and quality of life to equal standing with quality of medical care; enforcement laws with swift mechanisms

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## OBRA 87

- Reduce Restraints
- Focus on the use of neuroleptic drugs
- RAI – standardized system to assist in assessment and care planning (implemented in 1991)




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## The Journey from Congress to CMS

Congress	CMS	CMS
<ul style="list-style-type: none"> <li>• 1987 OBRA</li> </ul>	<ul style="list-style-type: none"> <li>• 1989 42 CFR Part 483 “ROP”</li> </ul>	<ul style="list-style-type: none"> <li>• 1992 SOM</li> </ul>



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## The Medical Director Regulations

- 483.70(h) • Regulations on Medical Directors
- 483.70(h) (1) • The facility must designate a physician to serve as a medical director
- 483.70(h) (2) • The Medical Director is Responsible for:
  - Implementation of resident care policies; and
  - The coordination of medical care in the facility

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## Major Updates to Regulations that have some impact on Medical Directors

Timeline events:

- 2016: ROP updates in 2016 implemented in 3 phases; last in 2019
- 2017: PBJ hours submitted in 2017, posted in 2018
- 2019: "Late Adopter" noncompliance enforcement remedies 2019
- 2019: Abuse and Neglect flag on Nursing Home Compare 2019

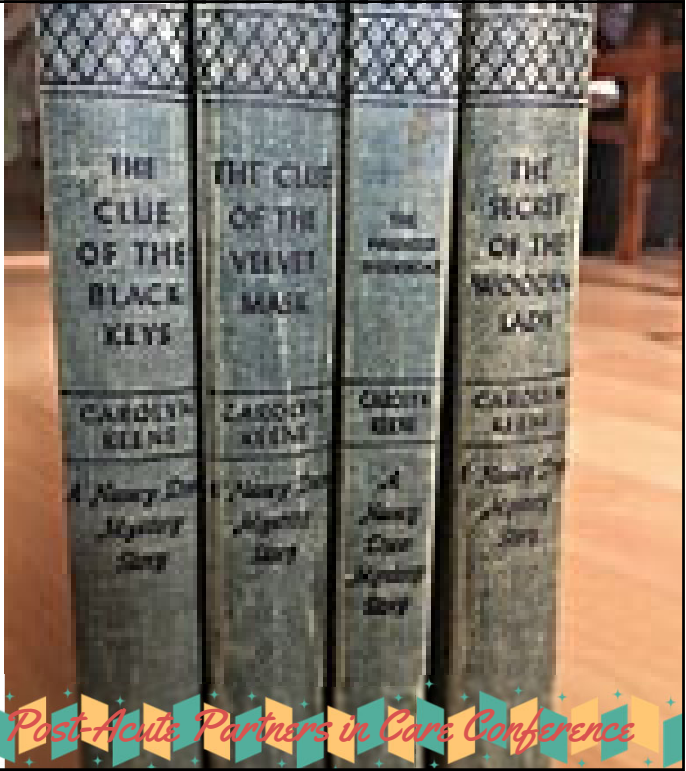
- Antimicrobial Stewardship
- Trauma Informed Care
- Infection Prevention
- Safety
- Facility Assessment
- Psychotropic medications – prn limits

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# Practice Makes Perfect


- Small Groups of 3-5
- Include someone in your group you don't know

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**THE MISSING MEDICAL DIRECTOR**



# Case Study One

Dr. Jones has a busy family practice clinic, serves on the town council, has 2 kids in the local high school and is the local nursing home director. She is well respected in the community, but everyone knows that she is very busy – it takes 4 months to get a non-urgent appointment in the clinic with her.

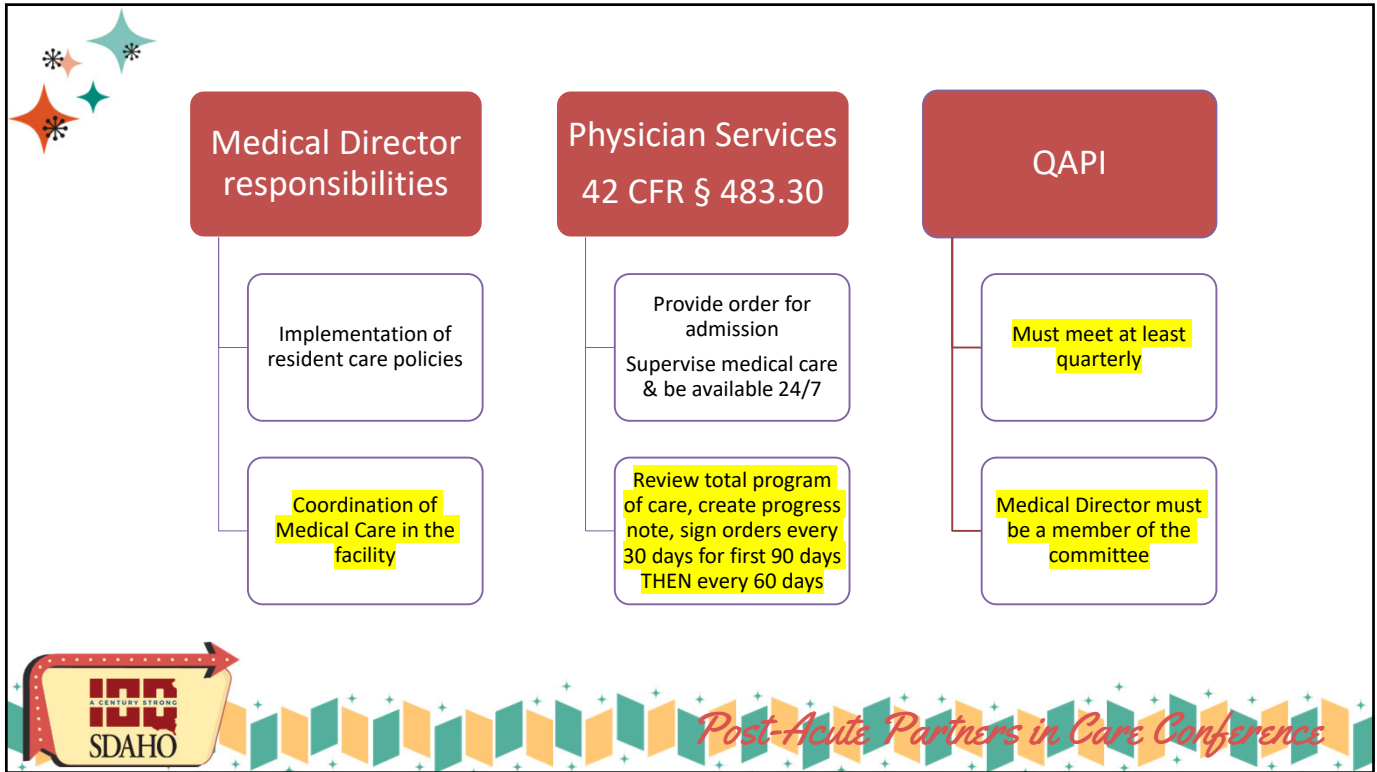
She comes to the nursing home and rounds on the residents who are due for a regulatory visit monthly, but this usually happens in the late evening, after clinic is finished, and it is difficult for the DON to connect with her.

The QAPI committee meets quarterly, and the director of nursing, who also serves as the Quality Coordinator, notices when she is preparing the report on quality measures that the number of urinary tract infections has been 3 times the state average for the past 6 months.

When she calls the clinic to ask when the medical director will be able to attend the QAPI meeting, the office manager tells her that the soonest time she has available is a month and a half away . . .

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The slide features a decorative top-left corner with colorful stars. The main text is 'Discussion' in a large teal font, followed by the question 'What Problems are you concerned about?' in a smaller teal font. Below the question is a vertical list of five numbered items (1. through 5.) in teal. The bottom of the slide features a decorative border with a '100 A CENTURY STRONG SDAHO' logo on the left and the text 'Post-Acute Partners in Care Conference' in a red script font on the right.

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## Discussion

What is the problem we are MOST concerned about?

Why is it happening?

Why is that?

Why is that?

Why is that?

Why is that?



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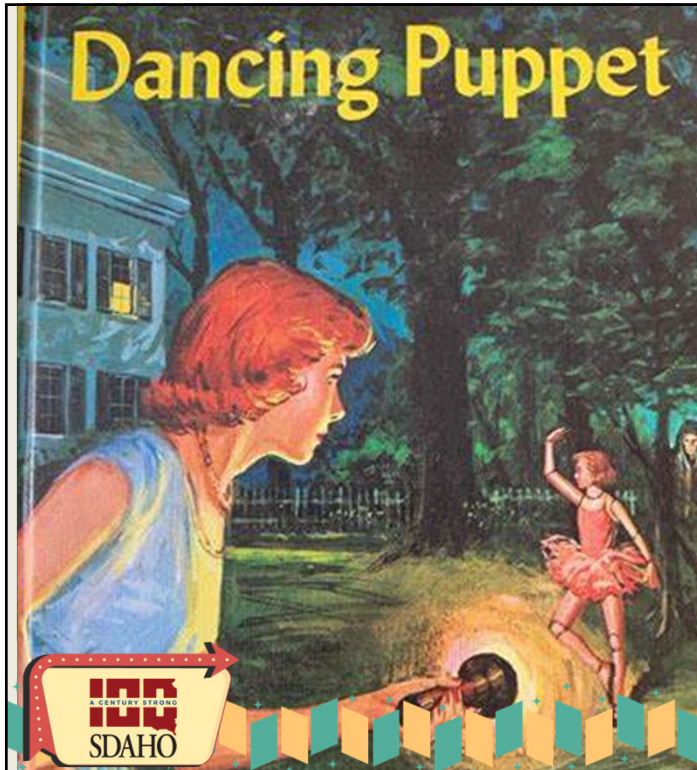
## Using SBAR to clearly communicate

- **Situation:** What is the problem?
- **Background:** What would the ideal situation be? What is the current gap? What is causing this to happen?
- **Assessment:** What are the consequences of this?
- **Recommendation:** How do you propose addressing the problem?



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## Case Study Two

- Everyone in town loves Dr. D because he is so easy-going and agreeable, which is how he got the job of being medical director.
- The administrator is concerned because the director of nursing has expressed frustration that 2 local providers are not completing their regulatory visits in a timely manner and are not responding to requests to complete them.
- The medical director has done a few of these visits himself, just to keep the building in compliance.

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**Discussion**

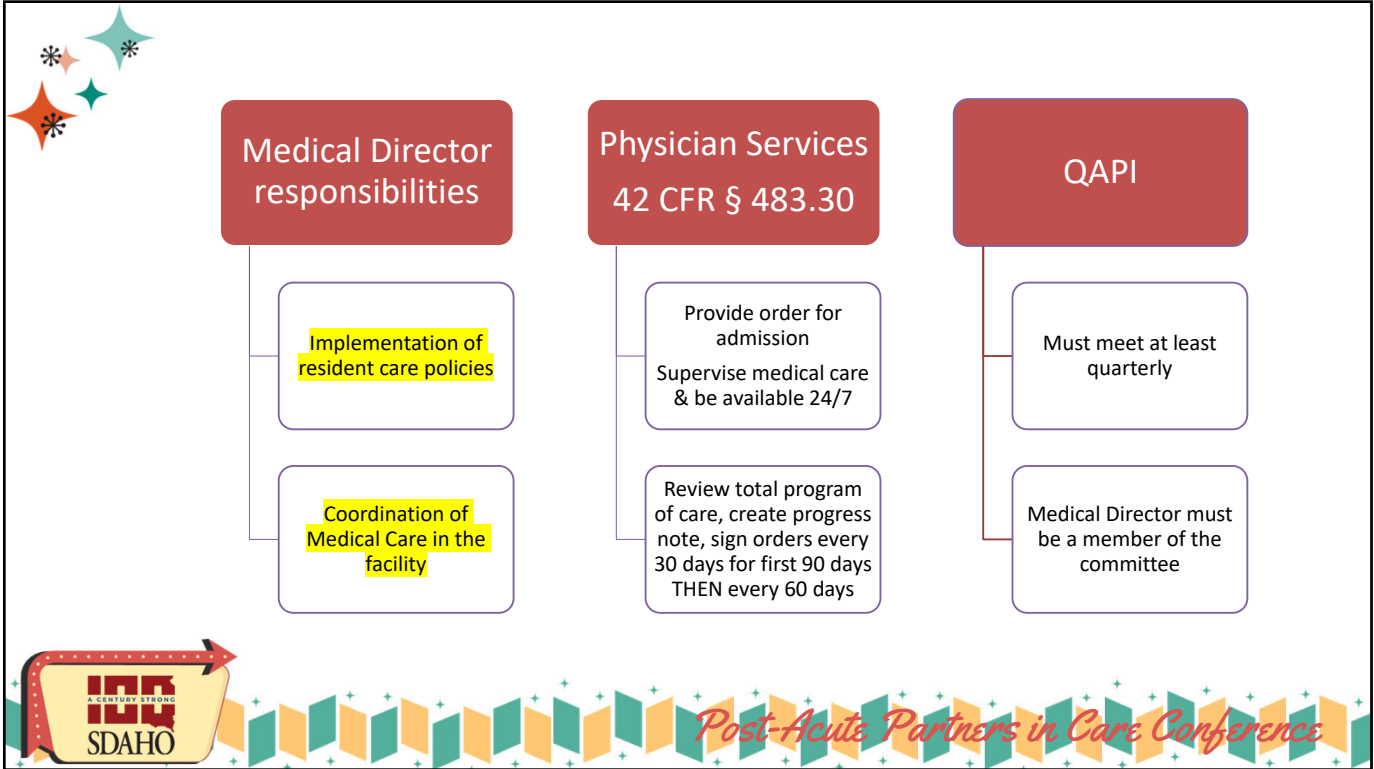
Break into Small Groups

What is the problem?

- 1.
- 2.
- 3.
- 4.
- 5.

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**Discussion**

What is the problem we are MOST concerned about?

Why is it happening?  
 Why is that?  
 Why is that?  
 Why is that?  
 Why is that?

A large empty teal rectangular box is located below the questions for taking notes.

Decorative elements include stars in the top left and a banner at the bottom with the SDAHO logo and the text "Post-Acute Partners in Care Conference".

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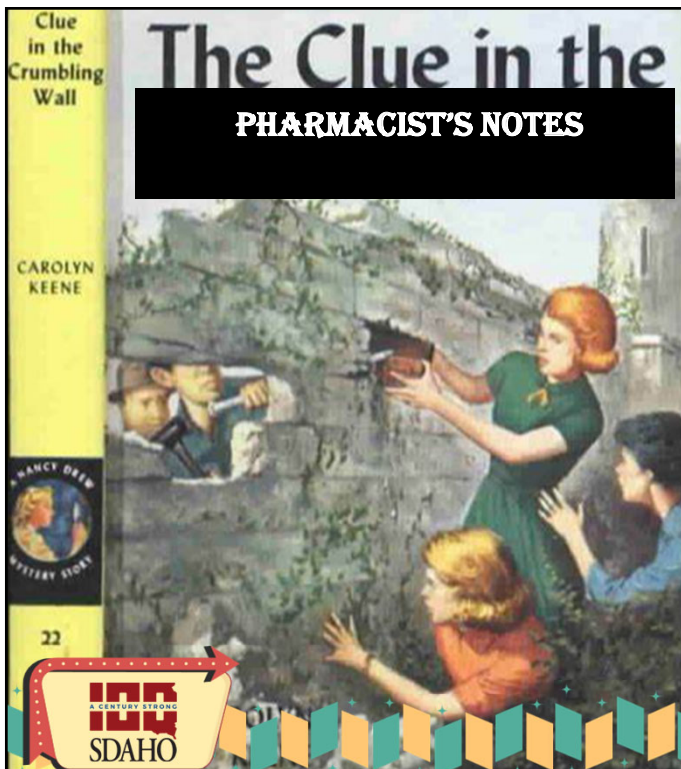
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## Case Study 3

Dr. Smith is the medical director of a 50 bed facility and is also the attending physician for 15 residents. The other 35 residents are cared for by other local physicians and a nurse practitioner.

Every month he reviews notes from the pharmacist with recommendations that have been provided. He's noticed the following issues: large number of residents who are taking megestrol, which the pharmacist has repeated suggestions to re-evaluate this, but no changes have been made.

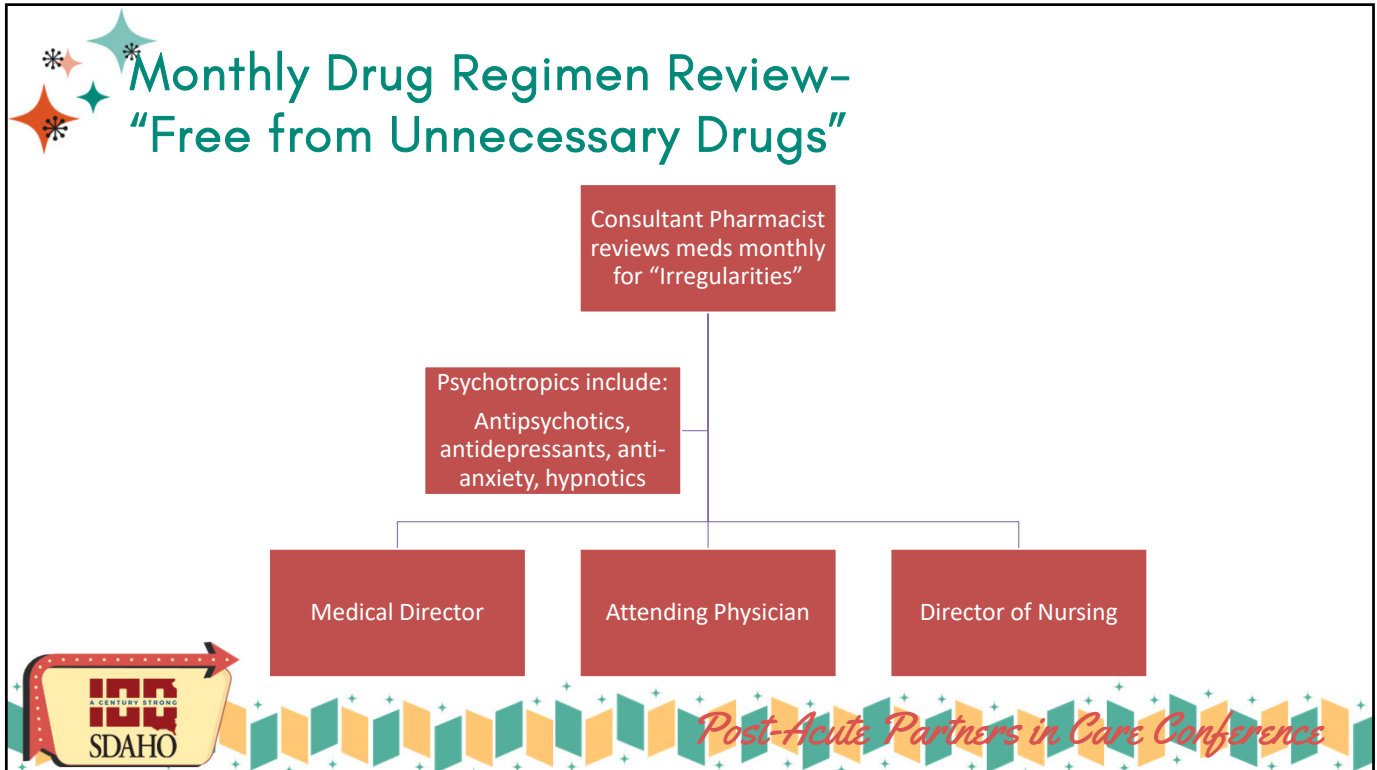
He also notes that another provider has several resident who are taking quetiapine. The pharmacist has also recommended reconsideration; physician writes "resident needs for insomnia".

The third provider is prescribing prn clonazepam for several residents, no stop date



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## Discussion

Break into Small Groups      What is the problem?

- 1.
- 2.
- 3.
- 4.
- 5.

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**Discussion**

What is the problem we are MOST concerned about?

Why is it happening?  
 Why is that?  
 Why is that?  
 Why is that?  
 Why is that?




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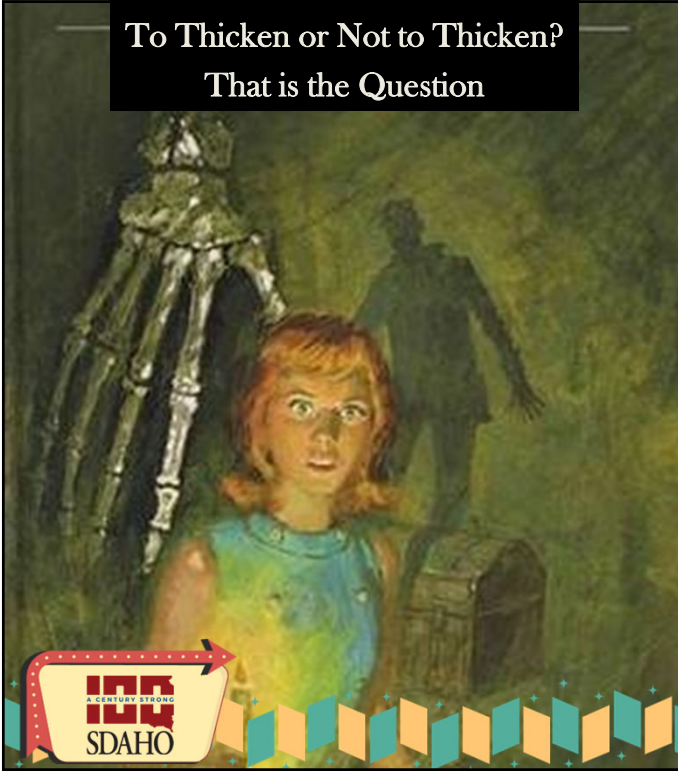
**Case Study 4**  
 To Thicken or not to Thicken, That is the Question



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To Thicken or Not to Thicken?  
That is the Question



## Case Study #4

- During the QAPI meeting, it is noted that several residents are flagging for abnormal weight loss. After a little discussion, it is noted that all of these residents are on a thickened diet.

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### Medical Director responsibilities

- Implementation of resident care policies
- Coordination of Medical Care in the facility

### Physician Services 42 CFR § 483.30

- Provide order for admission  
Supervise medical care & be available 24/7
- Review total program of care, create progress note, sign orders every 30 days for first 90 days THEN every 60 days


### QAPI

- Must meet at least quarterly
- Medical Director must be a member of the committee



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# Delegation of Orders

Dietary


Speech Therapy

Physical Therapy

Delegation does not alleviate the provider of responsibility for medical evaluation and oversight



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# Discussion

**What is the problem we are MOST concerned about?**


**Why is it happening?**

**Why is that?**

**Why is that?**

**Why is that?**

**Why is that?**



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# Thank you!

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