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|  PHYSICIAN SERVICES – ROLE OF THE MEDICAL DIRECTOR  | NO. 210 |
| The Medical Director or their alternate will be available for emergency calls, not only for their own patients, but when the attending physicians of the other residents cannot be reached.The Medical Director is available to assist and advise in the establishment of medical policies and whenever a medical question arises.The Medical Director is responsible for implementation of resident care policies and the coordination of medical care in the facility."Resident Care Policies" include admissions, transfers, and discharges; infection control; use of restraints; physician privileges and practices; and responsibilities of non-physician health care workers, (e.g., nursing, rehabilitation therapies and dietary services in resident care, emergency care, and resident assessment and care planning) The Medical Director is also responsible for policies related to accidents and incidents; ancillary services such as laboratory, radiology, and pharmacy; use of medications; use and release of clinical information; and overall quality of care.The Medical Director's "Coordination Role" means that the Medical Director shares responsibility for assuring the facility is providing appropriate care as required. This involves monitoring and ensuring implementation of resident care policies and providing oversight and supervision of physician services and the medical care of residents. It also includes having a significant role in overseeing the overall clinical care of residents to ensure to the extent possible that care is adequate. When the Medical Director identifies or receives a report of possible inadequate medical care, they are responsible for evaluating the situation and taking appropriate steps to try to correct the problem.Residents must be under the care of a physician upon admission or will be assigned to the Medical Director. |
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|  PHYSICIAN SERVICES – ROLE OF THE MEDICAL DIRECTOR  | NO. 210 |
| At the time of admission, there must be a specific arrangement with the attending physician in which the attending physician agrees to accept the responsibility of the resident’s care and abide by the following policies of the home:1. Provide orders for care, visit the resident within 72 hours after admission, and at least every 30 days for the first 90 days, and every 60 days thereafter. If the physician determines that less frequent visits are required because of the stability of a patient's condition, they will stipulate same in the physician progress notes and with a physician's order. The maximum amount of time that may elapse between physician visits so stipulated is 6 months, and such stipulation and attestment to the stability of the resident's condition must be made via co-signature of the medical director or another physician. **This exception does not** **apply to Medicaid recipients, who must be seen every 60** **days following the first 90 days after admission.** The physician visits more often as the patient's needs or regulatory requirements dictate. If the alternate schedule is initiated, approval will be obtained on an individual basis.
2. Advise the administrator when they will not be available for greater than a 48 hour period and who is on call in their absence. This may be done per a phone call, 24 to 48 hours in advance to facilitate continuity of care.
3. Write history and physical reports within 72 hours after resident’s admission including current medical findings, diagnosis, rehabilitation potential/needs, hospital treatment and orders for immediate care.
4. Telephone orders are accepted when necessary. The order, recorded in the patient's chart, must be signed by the physician on the occasion of his next visit, or at least within five working days after it's issued.
5. In the event a patient's physician is unable to comply with the above requirements, the facility medical director will perform these responsibilities.
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|  PHYSICIAN SERVICES – ROLE OF THE MEDICAL DIRECTOR  | NO. 210 |
| ATTACHMENT AMedical Director services should be provided by a physical medicine and rehabilitation physician (physiatrist) or a physician (neurologist, orthopedist) who is qualified by virtue of their training and experience in rehabilitation and who:1. Advocates for persons with disabilities.
2. Has final authority and responsibility for the composition and duration of the person's rehabilitation program in collaboration with the interdisciplinary team.
3. Provides active management and direction for the person's rehabilitation program so that it is consistent with the person's diagnoses, functional limitations, and prognosis.
4. Participates in strategic planning, decision making and financial planning as appropriate.
5. Provides or assists with the physician component of decisions regarding admissions, continued stay, determination of goals, and discharge, as necessary.
6. Has regular, direct individual contact with each person served. The frequency of contact should be:
	1. Determined by the rehabilitation physician based on the medical and rehabilitation needs of the person served.
	2. Appropriate to justify the need for a continued comprehensive inpatient program.
7. Ensures the adequacy of the individual treatment prescriptions for persons served, including notations of contraindications and precautions developed with the participation of professional personnel.
8. Attends and actively participates in conferences concerning the person served, as needed.
9. Participates in efforts to monitor and improve the quality of care, performance, and the appropriate utilization of services in the rehabilitation program, including participation in outcomes measurement and management activities, as appropriate.
10. Provides medical care directly or arranges for it through other physicians. This may include care for continuing, unstable, or complex medical conditions.
11. Develops ongoing relationships with stakeholders, and with the medical community.
12. Engages in educational activities with program personnel, as necessary.

The medical Director or their alternate will be available for emergency calls, not only for their own patients, but when the attending physicians of the other patients cannot be reached.The Medical Director is available to assist and advise in the establishment of medical policies and whenever a medical question arises, and ensures the organization's adherence to policies on medical conduct. |
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|  PHYSICIAN SERVICES – ROLE OF THE MEDICAL DIRECTOR  | NO. 210 |
| ATTACHMENT A, continuedThe Medical Director is responsible for implementation of resident care policies and the coordination of medical care in the organization and its programs, including the establishment of written policies and procedures that identify the function and responsibilities of rehabilitation physicians providing treatment."Resident care policies" include admissions, transfers, and discharges; infection control; use of restraints; physician privileges and practices; and responsibilities of non-physician health care workers, (e.g. nursing, rehabilitation therapies and dietary services in resident care, emergency care, and resident assessment and care planning). The Medical Director is also responsible for policies related to accidents and incidents; ancillary services such as laboratory, radiology, and pharmacy; use of medications; use of release of clinical information; and overall quality of care.The Medical Director's "coordination role" means that the Medical Director shares responsibility for assuring the organization and its program are providing appropriate care as required. This involves monitoring and ensuring implementation of resident care policies and providing oversight and supervision of physician services and the medical care of residents. It also includes having a significant role in overseeing the overall care of residents to ensure that care is adequate. |
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