

The Medical Director's Role in Long-term Care Facilities

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Department of
Health

Learning Objectives

After completing this training, the learner will be able to:

- Identify the federal regulations and State of Ohio rules regarding the medical director responsibilities in long-term care facilities including medication regimen review, professional staff requirements, clinical oversight and policy development, quality assessment and assurance, and infection prevention and control.
- Define the two type(s) of survey(s) that are performed during the long-term care facility survey process and understand the medical director's role in the process.
- Using citation finding and solution examples, identify gaps and determine opportunities for their long-term care facility to improve patient care.



Continuing Education Requirements/Learner Outcome

To earn continuing education, the learner must:

- Register to attend.
- Attend 100% presentation.
- Receive an 80% pass rate on the knowledge check.
- Complete evaluation.
- Other participants will receive a certificate of completion.

Desired learner outcome: 100% of the learners will self-report increased knowledge regarding the medical director role in long-term care facilities.

Disclosure Statement/Provider Statement

- No one with the ability to control the content of this activity has a relevant financial relationship with an ineligible company.
- The Ohio Department of Health is approved as a provider of nursing continuing professional development by the Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- The Ohio Department of Health is an approved provider of continuing education for Licensed Nursing Home Administrators by the Ohio Board of Executives of Long-Term Services and Supports.



Agenda

- Survey types.
- Survey process.
- Complaint intake process.
- Medical Director's role.



Acronyms

- Bureau of Survey and Certification (BOSC).
- Centers for Medicare and Medicaid Services (CMS).
- Infection Prevention and Control Program (ICPC).
- Long-Term Care Survey Process (LTCSP).
- Medication Regimen Review (MRR).
- Ohio Department of Health (ODH).
- Post Survey Revisit (PSR).
- Quality Assessment and Assurance (QAA).
- Quality Assurance and Performance Improvement (QAPI).



Federal Emblem & State Logo



[Source:](#) CMS



Long Term Care Health Survey Types



Types of Long-term Care Surveys



Types of Surveys

- **Initial/Certification Survey.**
- **Annual Recertification / Standard Survey.**
 - Timing:
 - Every 9-15 months.
 - With a 12-month average.
 - Full survey includes:
 - Health.
 - Life Safety Code.
 - Emergency Preparedness.
 - Certification and licensure completed at the same time.



Types of Surveys (cont.)

Abbreviated/Focused Survey.

- Complaint investigation.
- Post Survey Revisit (PSR) to confirm plan of correction accurately and thoroughly implemented.

Extended survey.

- In-depth review of additional requirements when substandard quality care is identified.



Long Term Care Survey Process (LTCSP)



BOSC Survey Process

Survey scheduling is per the BOSC scheduling department and surveys are:

- Unannounced (facility natural state).
- Any day of the week.
- Any time of the day.



[Source: Pixabay](#)



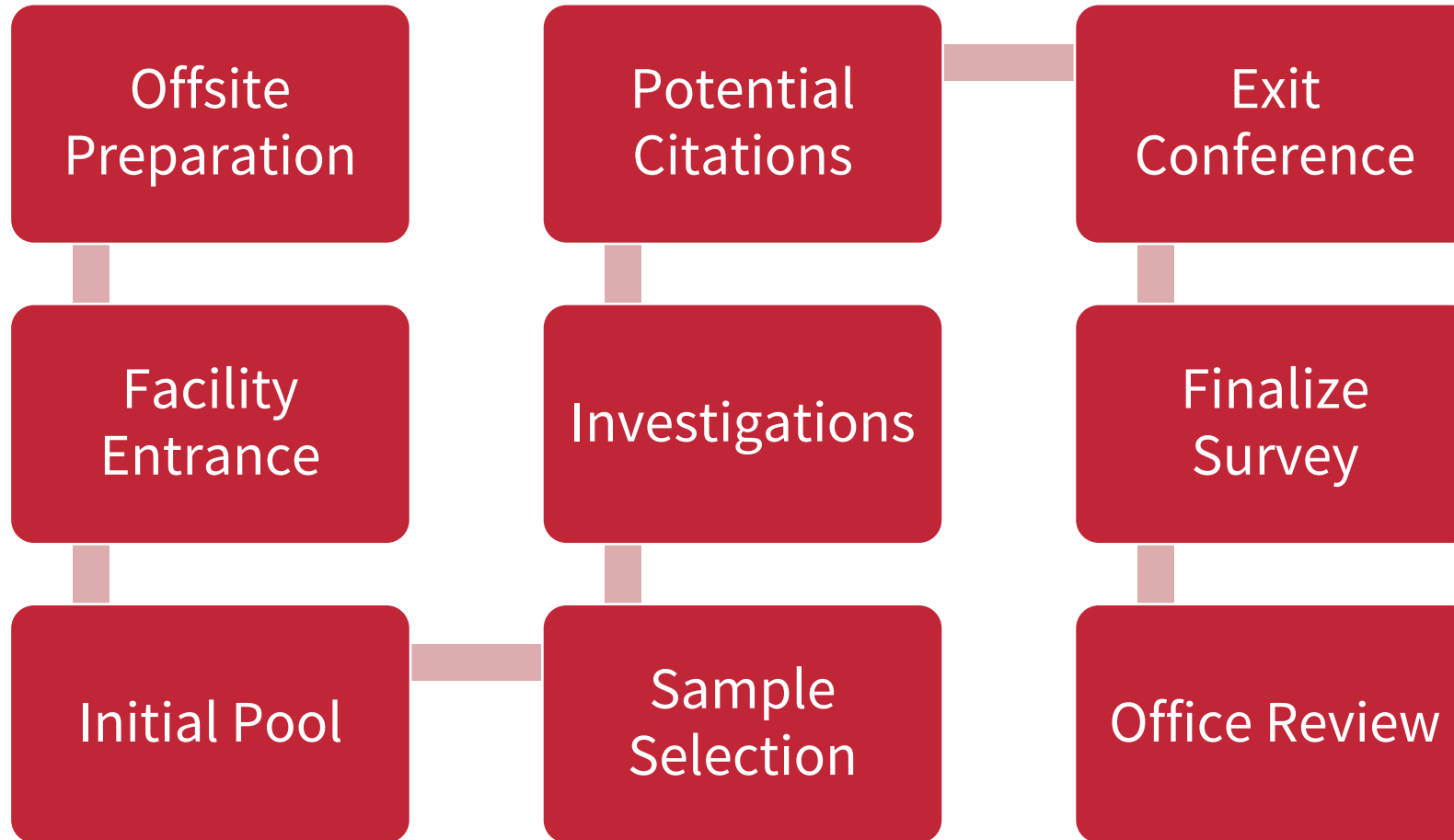
BOSC Survey Process (cont.)

Number of surveyors depends on type of survey:

- Recertification/annual survey.
 - Survey Team.
 - Based on census.
 - Considerations for additional survey actions.
- Initial, abbreviated or extended survey.
 - One surveyor.
 - Considerations for additional survey actions.



Long-term Care Survey Process (LTCSP)



CMS Scope and Severity

Nursing Home Scope & Severity Grid		SCOPE		
SEVERITY		Isolated	Pattern	Widespread
4	Immediate jeopardy to resident health or safety	J	K	L
3	Actual harm that is not immediate jeopardy	G	H	I
2	No actual harm with potential for more than minimal harm that is not immediate jeopardy	D	E	F
1	No actual harm with potential for minimal negative impact	A	B	C



Nursing Home Survey Tasks - Mandatory

- SNF Beneficiary Notification Review (SNF/ABN).
- Dining.
- Infection Control.
- Kitchen.
- Medication Administration.
- Medication Storage and Labeling.
- Quality Assessment & Assurance (QAA)/Quality Assurance Performance Improvement (QAPI).
- Resident Council.
- Sufficient and Competent Nurse Staffing.

Nursing Home Survey Tasks - Triggered

- Arbitration.
- Environment.
- Personal Funds.
- Resident Assessment.
- Substandard Quality of Care.



Nursing Home Survey – Resident Driven

- Resident Rights.
- Freedom from Abuse, Neglect, and Exploitation.
- Admission, Transfer, and Discharge.
- Comprehensive Resident Centered Care Plan.
- Quality of Life.
- Quality of Care.
- Physician Services.
- Behavioral Health.



Nursing Home Survey – Resident Driven (cont.)

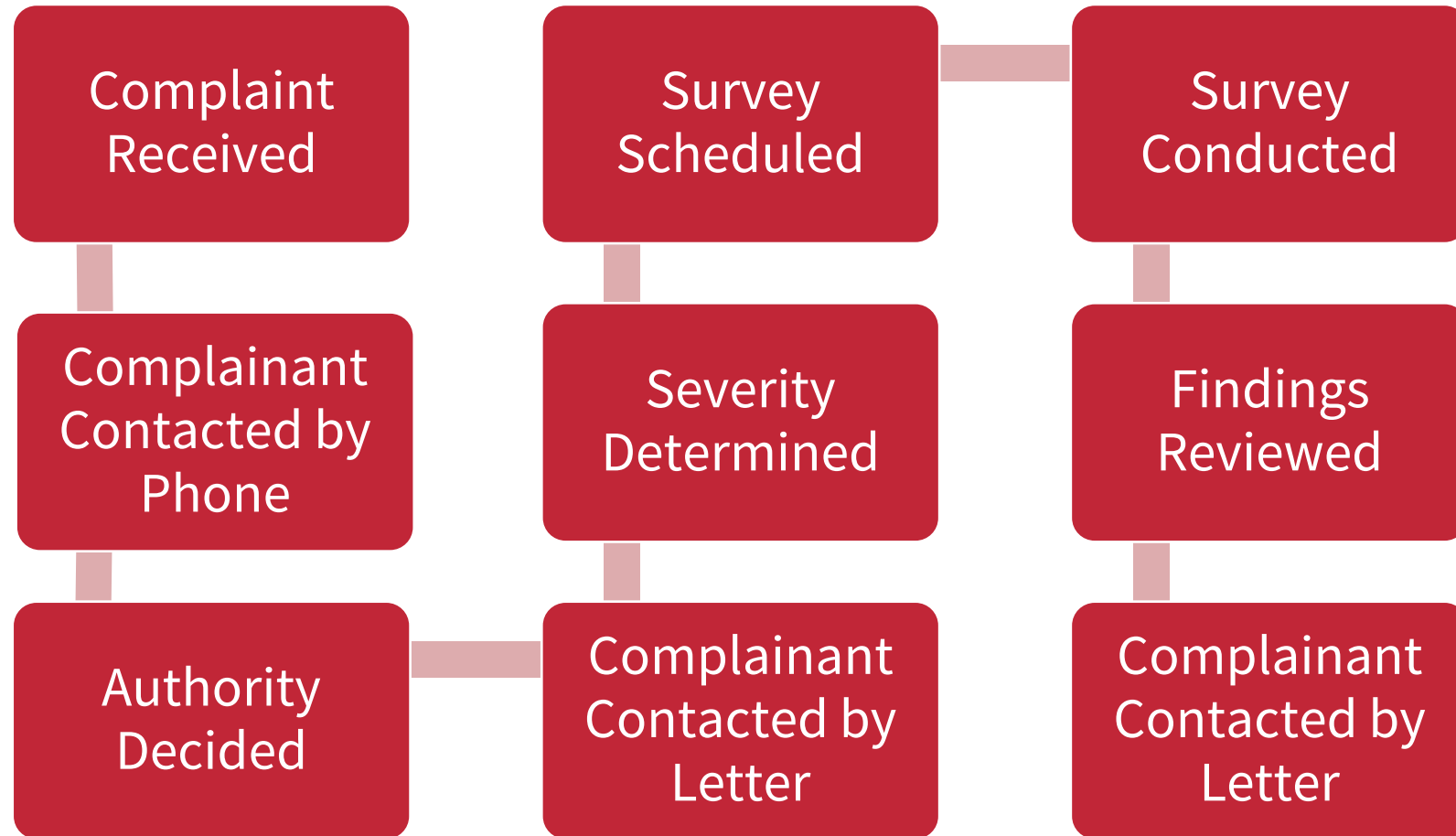
- Pharmacy Services.
- Laboratory, Radiology, and Other Diagnostic Services.
- Dental Services.
- Specialized Rehabilitative Services.
- Administration.
- Compliance and Ethics Program.
- Training Requirements.



Complaint Intake Process



Complaint Survey Steps



Complaint Severity

Surveyors are sent to the facility for complaint investigations when the severity level is:

- Immediate Jeopardy (IJ) within three *business* days.
- Non-IJ high priority within 15 *business* days.
- Non-IJ medium priority within 45 *calendar* days.
- Non-IJ low priority with next on-site survey.



[Source: Complaints Clown Free](#)



Medical Director Role Based on Federal and State Regulations



Medical Directors Responsibility



Federal Regulation § 483.45(c) (4)

Medical Director duties regarding medication regimen review (MRR) include:

- Medication regimen review at least monthly by a licensed pharmacist.
- Pharmacist must report irregularities to:
 - Attending physician.
 - Facility's medical director.
 - Director of Nursing.
- Reports must be acted upon.



[Source:](#) CMS



Federal Regulation § 483.45(c) (4) (cont.)

F756 – Key elements of noncompliance regarding the medical director include:

- Failed to develop and implement policies to address time frames for MRR process.
- Failed to develop and implement policies to address pharmacist steps for identified irregularities.



[Source:](#) CMS



Ohio Administrative Code 3701-17-17 (I)

Facility must ensure:

- Pharmaceutical needs of each resident are met.
- Drug regimen of each resident is reviewed and documented at least monthly by a pharmacist.



Federal Regulation § 483.70(f) (1) (2)

- Appropriate professionals:
 - Must be employed to carry out CMS requirements.
 - Must be licensed, certified, or registered in accordance with state laws.



[Source:](#) CMS



Federal Regulation § 483.70(f) (1) (2) (cont.)

F839 – Key element of noncompliance regarding the medical director:

- Failed to employ professional staff who are licensed in accordance with applicable state laws.



[Source: CMS](#)



Ohio Administrative Code 3701-17-07 (I)

Professionals must:

- Meet standards applicable to the profession.
- Possess a current Ohio license, registration, or certification if required by law.



Federal Regulation § 483.70(h) (1)-(2) (i)-(ii)

- The facility must designate a physician to serve as medical director.
- Responsibilities of medical director include:
 - Implementation of resident care policies.
 - Coordination of medical care in the facility.



[Source:](#) CMS



Federal Regulation § 483.70(h) (1)-(2) (i)-(ii) (cont.)

Oversite and licensure issues regarding the medical director's position include:

- Process to ensure no concerns with performance as an attending physician.
- Validation of state license.
- Designation of physician as the medical director.



[Source:](#) CMS



Federal Regulation § 483.70(h) (1)-(2) (i)-(ii) (cont.)

Medical director must participate in:

- Administrative decisions including policies related to resident's care.
- Coordination of medical care identified through QAA.
- Organization and coordination of physician services and other professionals.
- Quality Assessment and Assurance committee.



[Source:](#) CMS



Federal Regulation § 483.70(h) (1)-(2) (i)-(ii) (cont.)

Medical director responsibilities include, but are not limited to:

- Ensuring appropriateness and quality of medical care.
- Assisting in the development of educational programs.
- Providing surveillance and developing policies for infection control.
- Cooperating with staff to establish policies for individual rights.



Federal Regulation § 483.70(h) (1)-(2) (i)-(ii) (cont.)

- Supporting and promoting person-directed care for advanced directives, end-of-life care, etc.
- Identifying performance expectations and facilitating feedback.
- Discussing and intervening regarding care inconsistent with current standards.
- Assisting in developing system or physician and non-physician provider monitoring.



Federal Regulation § 483.70(h) (1)-(2) (i)-(ii) (cont.)

F841 – Key elements of noncompliance regarding the medical director include:

- No designation of physician to serve as medical director.
- Ensure medical director fulfilled responsibilities for the implementation of care policies or coordination of medical care.



[Source: CMS](#)



Ohio Administrative Code 3701-17-13 (A)

- Facility shall arrange for the services of a physician to serve as a home's medical director.
- The medical director shall assist in developing policies that :
 - Provide for total medical and psychosocial resident needs.
 - Promote resident rights.



Ohio Administrative Code 3701-17-13 (cont.)

Medical director must make available:

- Routine medical care for residents without an assigned physician.
- Emergency medical care to all residents, provided assigned physician not readily available.



Ohio Administrative Code 3701-17-13 (cont.)

Medical director must meet with staff to discuss clinical and administrative issues. To carry out this function the medical director shall:

- Observe residents and facilities at least quarterly and more frequently as needed.
- Review pharmacy reports at least quarterly and quality assurance activities and take timely and appropriate action to implement recommendations.



Ohio Administrative Code 3701-17-13 (cont.)

Medical director needs to:

- Monitor clinical practices of attending physicians, act as a liaison, intervene as needed on the residents' behalf.
- Maintain surveillance of facility staff health.
- Assist in ensuring a safe and sanitary environment by reviewing incidents and accidents, identifying hazards, and advising on possible correction.



Federal Regulation § 483.75(g) (1)-(2)

Quality Assessment and Assurance (QAA).

- Medical director/designee is a required member of committee and there should be evidence of meaningful participation.
- Meet at least quarterly and as needed to coordinate and evaluate activities.



[Source:](#) CMS



Federal Regulation § 483.75(g) (1)-(2) (cont.)

F868 – Key elements of noncompliance include failure to:

- Establish and maintain QAA committee.
- Ensure QAA committee is composed of required members.
- Ensure QAA committee reports activities to the governing body.
- Meet at least quarterly, and with enough frequency to conduct QAPI activities.



[Source:](#) CMS



Ohio Administrative Code 3701-17-06 (C)

The nursing home shall:

- Establish and maintain QAPI program to address all systems of care and management practices, including clinical care, quality of life, and resident choice.
- Participate in one quality improvement project every two years approved by the Ohio Department of Aging.



Ohio Administrative Code 3701-17-06 (C) (cont.)

For the QAPI program each home shall:

- Establish a quality assurance committee that shall meet on an ongoing basis, but at least quarterly to systematically:
 - Monitor and evaluate quality of care and quality of life.
 - Track, investigate, and monitor incidents, accidents, and events.



Ohio Administrative Code 3701-17-06 (C) (cont.)

- Track and monitor effectiveness of the infection control program.
- Identify problems and trends.
- Develop and implement action plans to correct identified problems.



Federal Regulation § 483.80

The facility must develop and maintain an Infection Prevention and Control Program that:

- Provides a safe, sanitary, and comfortable environment.
- Prevents the development and transmission of communicable diseases and infections.



[Source:](#) CMS



Federal Regulation § 483.80 (cont.)

The facility must develop and implement policies and procedures for the provision of infection prevention and control that are:

- Current.
- Based on national standards.



[Source: CMS](#)



Federal Regulation § 483.80 (cont.)

IPCP standards, policies, and procedures must include:

- Communicable disease reporting process.
- Surveillance system development and implementation for infections and communicable diseases.
- Standard precautions usage.
- Transmission-based precautions usage.



Federal Regulation § 483.80 (cont.)

IPCP standards, policies, and procedures must include:

- Prohibition of staff with a communicable disease or infected skin from transmitting infection to residents by direct contact with residents or their food.
- Proper handling, transporting, storing, and processing of laundry to prevent spread of infection.
- System development and implementation for recording infection control incidents and corrective actions.



Federal Regulation § 483.80 (cont.)

F880 – key elements of noncompliance regarding the medical director include failure to :

- Create policies and procedures based on national standards.
- Review the policy annually and update as needed.



[Source:](#) CMS



Ohio Administrative Code 3701-17-11 (A)

The nursing home shall:

- Establish and implement policies to assure a safe, sanitary and comfortable environment and control the development and transmission of infections and diseases.
- Establish an Infection Control Program (ICP) to monitor compliance, investigate, and control and prevent infections, and institute interventions.
- Designate an appropriate licensed health professional as the Infection Control Coordinator.



Medical Director Role During Survey



Medical Director's Survey Role



[Source: Association of Residency.](#)



Bureau of Survey and Certification Survey Statistics and Common Findings



Department of
Health

Citation Findings



ODH/BOSC 2023 Statistics

F756 (Medication Regimen Review):

- D level (No Actual Harm) = 54 times.

F839 (Staff Qualifications):

- D level (No Actual Harm) = two times.

F841 (Responsibilities of the Medical Director):

- F level (No Actual Harm) = three times.



[Source: CMS](#)



ODH/BOSC 2023 Statistics (cont.)

F868 (QAA Committee):

- F level (No Actual Harm) – 21 times.

F880 (Infection Prevention and Control):

- J, K, or L level (Immediate Jeopardy) = 8 times.
- G, H, or I level (Harm) = one time.
- D, E, or F level (No Actual Harm) = 240 times.



[Source:](#) CMS



Common F841 Citation Findings/Solutions

Common BOSC Findings:

- Facility did not have a medical director.
- Medical director refused to provide care for resident returning from emergency room.
- Resident's physician was not reachable for order to emergency room for acute care. There was no documentation to support the staff attempted to contact the medical director.

Potential Solutions:

- Ensure a medical director is hired.
- Ensure medical director is aware of facility assessment and employment contract.
- Ensure staff are aware of call system for physician or non-physician providers.



Common F841 Citation Findings/Solutions (cont.)

Common BOSC Findings:

- Medical director did not assist in creating, implementing and evaluating resident care policies.
- Medical director not present for quarterly QAA meetings.
- IPCP policy not reviewed annually.

Potential Solutions:

- Policy reviewing cycle.
- Telephone participation for meetings and provide proof of same.
- Policy reviewing cycle.



Your Facility



[Source: Amazonaws](#)



QUESTIONS?

Contact the Bureau of Survey and Certification:
(614)466-3543

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