10.07.02.10 PHYSICIAN SERVICES.

A. Responsibility for the Resident’s Care. The attending physician shall:

(1) Assess a new admission in a timely manner, based on a facility-developed protocol, depending on:

(a) The individual’s medical stability;

(b) Recent and previous medical history;

(c) Presence of significant or previously unidentified medical conditions; or

(d) Problems that cannot be handled readily by phone;

(2) Seek, provide, and analyze needed information regarding a resident’s current status, recent history, and medications and treatments, to enable safe, effective continuing care and appropriate regulatory compliance;

(3) Provide appropriate information and documentation to support a facility-determined level of care for a new admission;

(4) Provide for the authorization of admission orders in a timely manner, based on a facility-developed protocol, to enable the nursing facility to provide safe, appropriate, and timely care; and

(5) For a resident who is to be transferred to the care of another health care practitioner, continue to provide all necessary medical care and services pending transfer until another physician has accepted responsibility for the resident.

B. Support Resident Discharges and Transfers. The attending physician shall:

(1) Follow-up as needed with a physician or another health care practitioner at a receiving hospital within 24 hours of the transfer of an acutely ill or unstable resident;

(2) Provide whatever summary or documentation may be needed at the time of transfer to enable care continuity at a receiving facility and to allow the nursing facility to meet its legal, regulatory, and clinical responsibilities for a discharged individual; and

(3) Provide a pertinent medical discharge summary within 30 days of discharge or transfer of the resident.

C. Periodic, Pertinent On-site Visits to Residents. The attending physician or licensed or certified professional health care practitioner shall:
(1) Visit a resident as frequently as the resident's condition requires, consistent with reasonable facility policies;

(2) Determine the progress of each resident's condition at the time of a visit by evaluating the resident, talking with staff as needed, and reviewing relevant information, as needed;
(3) Review and respond to issues requiring a physician's expertise, including:

(a) The resident's current condition;
(b) The status of any acute episodes of illness since the last visit;
(c) Test results;
(d) Other actual or high-risk potential medical problems that may affect the individual's functional, physical, or cognitive status; and
(e) Staff, resident, or family questions regarding the individual's care and treatments; and

(4) At each visit, provide a legible progress note in a timely manner for placement on the chart, which includes relevant information about significant ongoing, active, or potential problems, including:

(a) Reasons for changing or maintaining current treatments or medications; and
(b) A plan to address relevant medical issues.

D. Timeliness of Visits and Progress Notes.

(1) Within 30 days of admission, a physician shall visit a resident, assess the resident's needs, and prescribe a regimen of medical care. After that, a physician, nurse practitioner, or physician assistant shall visit a resident every 30 days, except that a physician shall visit a resident at least every 120 days.

(2) The timeliness of visits shall be based on a facility-developed protocol, depending on:

(a) The resident's medical stability;
(b) Recent and previous medical history;
(c) The presence of significant or previously unidentified medical conditions; or
(d) Problems that cannot be handled readily by phone.

(3) The physician or licensed or certified professional health care practitioner shall maintain progress notes and make appropriate revisions to the resident's total program of care. The progress notes and revisions to the program of care shall cover, at a minimum, prognosis and changes in rehabilitation and other appropriate goals. The physician shall review and approve each program of care.

E. Alternate Schedule. If the physician determines that the resident's condition requires less frequent visits than described in §D of this regulation, the physician may order an alternate schedule in the resident's medical record. An alternate schedule may not be ordered for the
resident's first 90 days of stay. The alternate schedule may not exceed 60 days between visits. If there is no alternate schedule approved by the physician, visits may not exceed 30-day intervals.

F. Adequate Ongoing Coverage. The attending physician shall:

(1) Designate an alternate physician or physicians who shall respond in an appropriate, timely manner if the attending physician is unavailable;

(2) Update the facility about the attending physician's current office address, phone, fax, and pager numbers to enable appropriate, timely communications, as well as the current office address, phone, fax, and pager numbers of designated alternate physicians;

(3) Help ensure that alternate physicians provide adequate, timely support while covering and intervene with alternate physicians when informed of problems regarding coverage; and

(4) Adequately inform alternate physicians about residents with active acute conditions or potential problems that may need medical follow-up during their on-call time.

G. Appropriate Care of Residents. The attending physician shall:

(1) Perform accurate, timely, and relevant medical assessments;

(2) Properly define and describe resident symptoms and problems, clarify and verify diagnoses, relate diagnoses to resident problems, and help establish a realistic prognosis and care goals;

(3) In consultation with the facility's staff:

(a) Determine appropriate services and programs for a resident, consistent with diagnoses, condition, prognosis, and resident wishes;

(b) Ensure that treatments are medically necessary and appropriate in accordance with nursing facility regulatory requirements; and

(c) Manage and document ethics issues consistent with relevant laws and regulations and with residents' wishes, including advising residents and families about formulating advance directives or other care instructions and helping identify individuals for whom aggressive medical interventions may not be indicated;

(4) Respond in an appropriate time frame, based on a facility-developed protocol, to emergency and routine notification, to enable the facility to meet its clinical and regulatory obligations;

(5) Respond to notification of laboratory and other diagnostic test results in a timely manner, based on the resident's condition and clinical significance of the results;

(6) Analyze the significance of abnormal test results that may reflect important changes in the resident's status and explain the medical rationale for interventions or decisions not to intervene based on those results;
(7) Respond promptly to notification of, and assess and manage adequately, reported acute and other significant clinical condition changes in residents; and

(8) Ensure that individuals receiving palliative care have appropriate comfort and supportive care measures.

H. Appropriate, Timely Medical Orders. The attending physician shall:

(1) Provide timely medical orders based on an appropriate resident assessment, review of relevant pre-admission and post-admission information, and age-related and other pertinent risks of various medications and treatments;

(2) Provide sufficiently clear, legible written medication orders to avoid misinterpretation and potential medication errors, including:

(a) Medication strength and formulation, if alternate forms are available;

(b) Route of administration;

(c) Frequency and, if applicable, timing of administration; and

(d) Reason for which the medication is being given; and

(3) Institute safeguards to ensure the accuracy of verbal orders at the time the verbal orders are given and cosign the verbal orders in a timely fashion, but not later than the next visit to the resident.

I. Appropriate, Timely, and Pertinent Documentation. The attending physician shall:

(1) Provide documentation required to explain medical decisions, that promote effective care and allow a nursing facility to comply with relevant legal and regulatory requirements; and

(2) Complete death certificates in a timely fashion, including all information required of a physician.

10.07.02.11 MEDICAL DIRECTOR QUALIFICATIONS.

A. Medical Director Qualifications. The nursing facility shall:

(1) Designate a medical director who has at least the following qualifications:

(a) A current license as a physician in this State;

(b) At least 2 years of experience or specialized training in the medical care of geriatric or chronically ill and impaired residents;

(c) Successful completion of a curriculum in physician management or administration from the American Medical Directors Association or another curriculum approved by the Department or its designee; and
(d) Privileges at a hospital in this State, participant in an HMO network, or credentialed by a credentialing organization approved by the Department;

(2) Have a written agreement with a medical director that specifies the medical director’s duties and roles and the authority to adequately discharge those responsibilities; and

(3) Submit a copy of the medical director’s credentials to the Department upon:

(a) The first license renewal of the facility after the effective date of this regulation; and

(b) A change in medical director.

B. The requirement specified in §A(1)(c) of this regulation becomes effective 3 years after the effective date of this regulation, but the medical director shall begin the educational process in physician management or administration within the first year from the date of employment as a medical director.

10.07.02.11-1 MEDICAL DIRECTOR RESPONSIBILITIES.

A. General Responsibilities. The medical director is responsible for:

(1) Overall coordination, execution, and monitoring of physician services;

(2) Monitoring and evaluating the outcomes of the health care, including clinical and physician services provided to the facility’s residents; and

(3) Designating an alternate medical director with sufficient training and experience to perform the responsibilities of the medical director as described in the regulations of this chapter.

B. Practitioner Oversight. The medical director shall:

(1) Oversee all physicians and other licensed or certified professional health care practitioners who provide health care to the facility's residents;

(2) Ensure that there is a procedure for the review of the practitioners’ credentials and the granting of privileges for licensed or certified professional health care practitioners who treat residents of the nursing facility; and

(3) Recommend rules governing the performance of physicians and other licensed or certified professional health care practitioners who admit residents to the facility.

C. Defining the Scope of Medical Services.

(1) The medical director, in collaboration with the facility, shall recommend written policies and procedures that are approved by the licensee, delineating the scope of physician services and medical care.

(2) The facility shall make these policies and procedures available to a resident or resident's representative upon admission and whenever a substantive change is made.
D. Ensuring Physician Accountability. The medical director, in collaboration with the facility, shall recommend policies and procedures that cover essential physician responsibilities to the residents and the facility, including:

(1) Accepting responsibility for the care of residents;
(2) Supporting resident discharges and transfers;
(3) Making periodic, pertinent resident visits in the facility;
(4) Providing adequate ongoing medical coverage;
(5) Providing appropriate resident care;
(6) Providing appropriate, timely medical orders;
(7) Providing appropriate, timely, and pertinent documentation;
(8) Advising residents and families about formulating advance directives; and
(9) Any other responsibilities as determined by the facility and the medical director.

E. Quality Assurance. The medical director shall actively participate in the facility's quality improvement process. Participation shall include:

(1) Regular attendance at, and reporting to, the facility's quality improvement committee meetings; and
(2) Routine participation in ongoing facility efforts to improve the overall quality of the clinical care, including facility efforts to evaluate and address the causes of various care-related problems and deficiencies cited by the Office of Health Care Quality.

F. Employee Health Oversight. The facility, in consultation with the medical director and other physicians, if necessary, shall establish and maintain surveillance of the health status of employees, including:

(1) Advising on the development and execution of an employee health program, which shall include provisions for determining that employees are free of communicable diseases according to current acceptable standards of practice; and
(2) Ensuring that the facility plans and implements required immunization programs.

G. Other Related Duties. The medical director shall perform other essential duties related to clinical care and physician practices, including:

(1) Advising the administrator and the director of nursing on clinical issues, including the criteria for residents to be admitted, transferred, or discharged from the nursing facility;
(2) Working with the nursing facility to establish appropriate relationships with area hospitals and other pertinent institutions to improve care of the residents;
(3) Advising and consulting with the nursing facility staff regarding communicable diseases, infection control, and isolation procedures, and serving as a liaison with local health officials and public health agencies that have policies and programs that may affect the nursing facility's care and services to residents;

(4) Providing or arranging for temporary physician services as needed to ensure that each resident has continuous physician coverage;

(5) Participating as appropriate in facility committee projects and meetings concerning clinical care and quality improvement that require physician input; and

(6) Educating or overseeing the education of, and informing, all attending physicians about their roles, responsibilities, and applicable rules and regulations.

H. Medical Director Oversight Plan.

(1) Based upon physician and medical director responsibilities in nursing facilities, as described in this chapter, the medical director shall develop and implement a plan describing how the medical director will carry out the responsibilities for the:

(a) Overall monitoring, coordination, and execution of physician services and medical care to residents of the nursing facility; and

(b) Systematic review of the quality of health care, including medical and physician services, provided to the facility's residents.

(2) Minimum Requirements of the Plan. The medical director oversight plan shall include, at least, a plan to ensure that physicians:

(a) Accept appropriate responsibility for residents under the physicians' care in the nursing facility;

(b) Provide appropriate, timely medical care consistent with widely identified medical principles relevant to the facility's population; and

(c) Provide appropriate, timely, and pertinent medical documentation and orders.

(3) Documentation Regarding Medical Director Activities.

(a) The medical director shall keep documentation regarding the medical director's activities in relation to designated responsibilities.

(b) The documentation required in this subsection may include:

(i) Notes;

(ii) Minutes;

(iii) Copies of faxes, letters, and telephone communications with attending physicians, other facility staff and departments, the administration, the governing body, and others regarding concerns, inquiries, and interventions.
(c) The documentation required in this subsection shall show evidence of the medical director's interventions and follow-up of the effectiveness of those interventions.

I. Quality Assurance Committee Minutes. Committee minutes shall reflect monthly input from the medical director regarding physician issues and general facility clinical care issues.

10.07.02.11-2 FACILITY'S RESPONSIBILITIES IN RELATION TO THE FACILITY'S MEDICAL DIRECTOR.

A. The nursing facility shall:

(1) Be responsible for working with the medical director to ensure adequate resident care and practitioner performance;

(2) Inform the physician of explicit requirements as a medical director and assist the medical director in gaining the necessary information and tools to properly execute those responsibilities; and

(3) Ensure that the medical director has the necessary support and authority to perform medical director duties effectively and to hold practitioners accountable.

B. When the attending physician and medical director document a resident’s medical need for a particular treatment, assistive device, or equipment, that treatment, assistive device, or equipment shall be provided by the facility unless the facility documents in the quality assurance committee minutes the reason or reasons why the treatment, assistive device, or equipment should not be provided.

C. When the attending physician and medical director agree that a particular facility-developed protocol is required to ensure that quality medical care is delivered to the facility’s residents, that protocol shall be implemented unless the facility documents in the facility’s patient care committee minutes the reason or reasons why the protocol should not be implemented.

D. Evaluation of Medical Director’s Performance.

(1) The facility shall have a mechanism for evaluating the medical director’s performance and for providing the medical director with feedback about that performance.

(2) The criteria for evaluation shall be based on explicit medical director responsibilities and shall facilitate the medical director’s improvement and performance of functions and duties.

10.07.02.14-1 SPECIAL CARE UNITS — GENERAL.

...E. Physician Coordinator.

(1) If the facility's medical director does not have special training and experience in the discipline of the assigned special care unit, the facility shall hire a physician who is appropriately trained and experienced to provide:
(a) Overall medical supervision of the special care unit; and
(b) Coordination of all services for the assigned special care unit.

10.07.02.14-2 SPECIAL CARE UNITS—RESPIRATORY CARE UNIT.

...C. Physician Coordinator. If the facility’s medical director does not have special training and experience in diagnosing, treating, and assessing respiratory problems, the facility shall hire a physician who has the special knowledge and experience to provide:

(1) Overall medical supervision of the respiratory care unit; and
(2) Coordination of all services for the respiratory care unit.