Section 13.0 Medical Director and Attending Physicians

13.1 The governing body or other legal authority shall designate a physician to serve as medical director. The medical director shall be a physician licensed to practice in Rhode Island in accordance with the provisions of reference 27 herein. Upon appointment, the name of the medical director shall be submitted to the Department. Each time a new medical director is appointed, the name of said physician shall be reported promptly to the Department. The medical director's Rhode Island medical license number, medical office address, telephone number, emergency telephone number, hospital affiliation and other credentialing information shall be maintained on file at the facility and updated as needed.

Duties and Responsibilities of the Medical Director

13.2 Responsibilities of the medical director shall include, but not be limited to:

a) coordination of medical care in the facility, b) ensuring completion of employee health screening and immunization requirements contained in sections 14.11 and 14.12 herein. c) the implementation of facility policies and procedures related to the medical care delivered in the facility; d) physician and advanced practice practitioner credentialing; e) practitioner performance reviews; f) employee health including infection control measures; g) evaluation of health care delivery, including oversight of medical records and participation in quality improvement; h) provision of staff education on medical issues; i) participation in state survey process, including the resolution of deficiencies, as needed.

13.3 The medical director, charged with the aforementioned duties and responsibilities for the delivery of medical care in the nursing facility, shall be immune from civil or criminal prosecution for reporting to the Board of Medical Licensure and Discipline the unprofessional conduct, incompetence or negligence of a nursing facility physician or limited registrant; provided, that the report, testimony, or other communication was made in good faith and while acting within the scope of authority conferred by this section.

13.4 The administrator shall notify the medical director immediately when any enforcement order as described in section 9.0 herein is issued by the Department or when the administrator is notified of any Medicare/Medicaid certification enforcement action. The administrator shall provide copies of all statements of deficiencies and related plans of correction to the medical director in a timely fashion.

13.5 The medical director shall attend the quarterly quality assurance/improvement meetings, as required in section 10.7 (d) herein. The administrator, or his/her designee, shall provide the medical director with adequate notice of the quarterly quality assurance/improvement meeting.
13.6 Each nursing facility shall maintain an active file of all physicians attending residents for any reason(s), including their phone numbers and addresses, an emergency phone number, their current medical license numbers, and the physician's preferred admitting hospital. This file of physicians shall be revised and updated, as needed, but no less than annually.

13.7 The governing body or other legal authority shall make available to each physician attending residents in the facility all of the policies governing resident care management and services.

Section 21.0 Resident Care Policies

21.5 Resident care policies shall be available for review by all residents, physicians, community agencies, relatives and personnel and shall include provisions for at least the following:

...d) the frequency of physician visits shall be at a minimum of 90 days

Section 23.0 Physician Service

23.1 All residents shall remain or be under the care of a physician of his or her choice, subject to the physician's concurrence.

23.1.1 All physician assistant services shall be in accordance with the provisions of Chapter 5-54 of the General Laws.

23.1.2 All nurse practitioner services shall be in accordance with the provisions of Chapter 5-34 of the General Laws.

23.2 No less than the following resident care information shall be made available to facilities by the referring source prior to or upon admission and provided only in accordance with the requirements of reference 17: 44

a) current medical findings;

b) summary of pre-admission treatment and care; and

c) diagnosis and medical orders by the physician for immediate resident care.

23.3 Each facility shall establish and comply with policies governing medical care supervision. Such policies shall include no less than the following:

a) that every resident be under the continued medical supervision of a physician of his or her choice;

b) that a prescribed medical care plan be established for each resident by the attending physician. Accordingly, recommendations or orders from consultants shall be approved
by the attending physician prior to implementation of the order.

c) that the medical care plan be based on a physical examination done within 48 hours of admission unless such was performed within 5 days prior to admission;

d) that each resident be seen by an attending physician and the medical care plan be renewed or revised in accordance with the needs of the resident at least every 90 days;

e) that arrangements be made for physician coverage in the absence of the attending physician; and, and progress notes be written and signed by the physician at the time of each visit.

f) any physician's verbal order for drugs, and biologicals shall be given in accordance with the provisions of section 25.8 (b) herein.

23.4 Written policies and procedures pertaining to emergency medical care including a listing of physician coverage, shall be established and maintained at each nursing station. The facility must provide or arrange for physician's services 24 hours a day in case of an emergency.

23.5 Standing orders shall not be permitted. All orders shall be recorded in the resident's medical record and shall be properly signed. However, a physician's order for an individual resident may refer to treatments described in a written protocol adopted by the facility. An exception to the requirements of this section shall be made for the administration of influenza and pneumococcal immunizations as provided in section 22.5 herein.