

154.MEDICAL DIRECTION.

01. Medical Director. The administrator of a SNF or ICF shall arrange for a physician to provide medical direction of the care functions of the facility as follows: (1-1-88)

- a. Assist in defining scope, characteristics, and standards for services provided; (1-1-88)
- b. Consult and assist in the monitoring of quality of the services provided; (1-1-88)
- c. Consult and assist in the overall management and delivery of patient care services. (1-1-88)

02. Physician Supervision. (7-1-93)

- a. Each patient/resident shall be under the direct and continuing supervision of a physician of his own choice licensed by the Idaho Board of Medicine. (1-1-88)
- b. Each skilled nursing patient shall be seen by the attending physician at least once every thirty (30) days for the first ninety (90) days following admission. Thereafter, an alternative schedule may be adopted for patient/resident visits based on physician's determination of need, and so justified in the patient's/resident's medical record. At no time may visits exceed ninety (90) day intervals. All physicians' visits shall be recorded in the patient's/ resident's medical record, with a physician's progress note. (1-1-88)
- c. Each intermediate care patient shall be seen by the attending physician at least once every sixty (60) days unless justified otherwise in the patient's/resident's medical record by the attending physician. All physician visits shall be recorded in the patient's/resident's medical record with a physician's progress note. (1-1-88)
- d. The physician shall provide the facility with medical information necessary to care for the patient/ resident which includes at least a current history and physical or medical findings completed made no longer than five (5) days prior to admission or within forty-eight (48) hours after admission. The information shall include diagnosis, medical findings, activity limitations, and rehabilitation potential. (1-1-88)
- e. A physician's plan of care shall be provided to the facility upon admission of the patient/resident which reflects medication orders, treatments, diet orders, activity level approved, and any other directives to the facility for the care of the patient/resident. (1-1-88)
- f. The physician's plan of care for the patient/resident shall be reviewed by the physician: (1-1-88)
 - i. Every thirty (30) to sixty (60) days for skilled care patients/residents depending upon the visit schedule authorized. (1-1-88)
 - ii. At least every ninety (90) days for intermediate care patients/residents. (1-1-88)
 - iii. The plan of care shall be reordered with any changes included by the physician and signed and dated by the physician at the time of the review. (1-1-88)

03. Emergency Physician. Arrangements shall be made for a physician to be available for emergency calls at all times, and his name, address, and telephone number shall be readily available. (1-1-88)

04. Emergency Transfer. In the event that neither the patient's/resident's attending physician nor the emergency physician can be contacted, the patient/resident in an emergent situation may be transferred to the emergency department of a nearby hospital. (1-1-88)