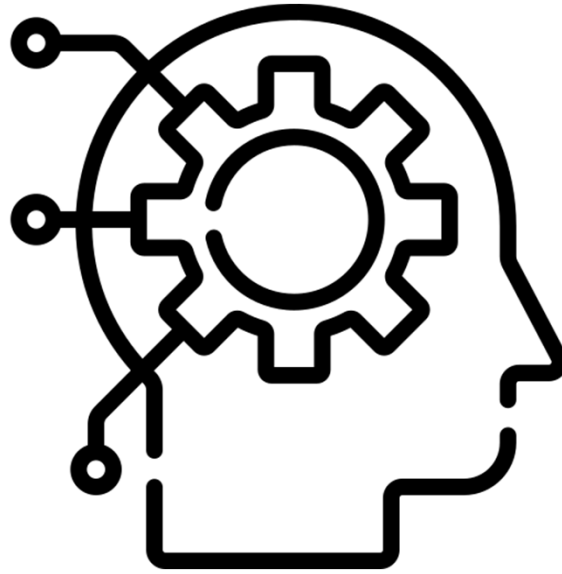


HOW TO LEVERAGE MEDICAL DIRECTORS TO IMPROVE QUALITY

Kim Danzig, RN, LNHA-Regional Director for Hurlbut Care Communities

Nicole Halsey, RN- Corporate Clinical Leadership Nurse for Hurlbut Care Communities

Dallas Nelson MD, CMD-President of the American Board of Post Acute and Long-Term Care Medicine, President of the New York Medical Directors Association



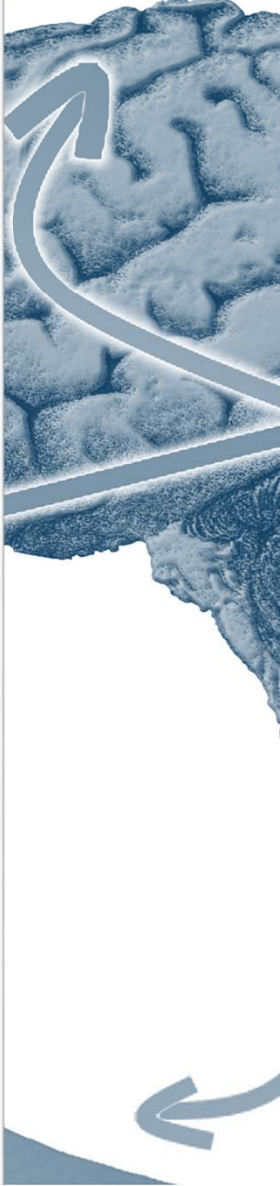
LEARNING OBJECTIVES

1. Explain the regulatory responsibilities of the nursing home medical director.
2. List the problems that a medical director can help with in a nursing home.
3. Explain the importance of the collaborative relationship between the facility and medical director.

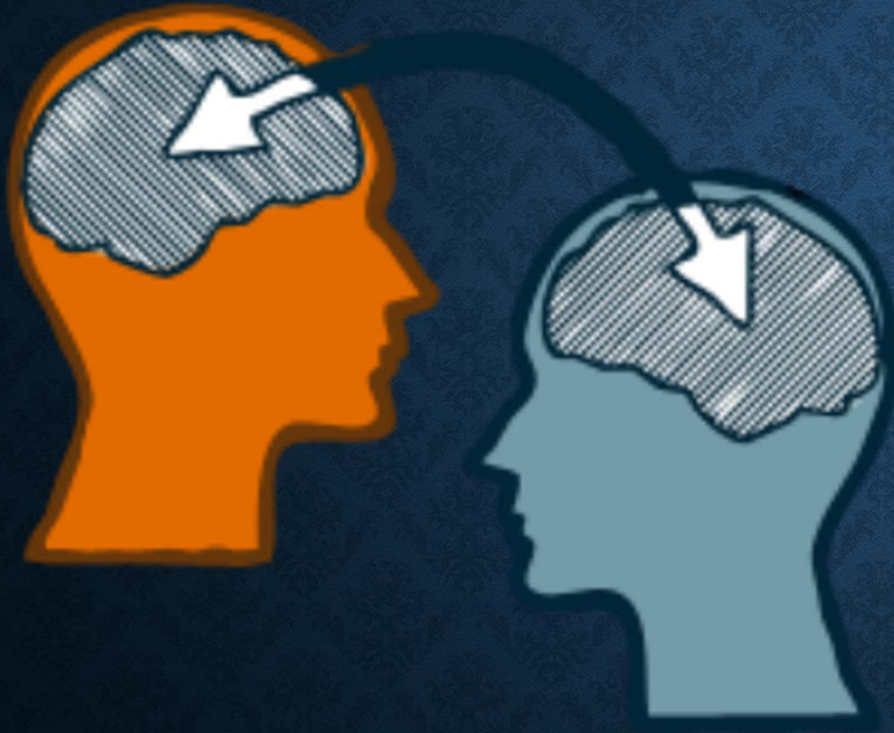


ASKING QUESTIONS TO GAIN FURTHER PERSPECTIVE

In preparation of this seminar, multiple members of the interdisciplinary team were engaged in open dialogue in order to gain their understanding of the medical directors' role.

- Administrators
 - Medical Directors
 - Directors of Nursing
 - Directors of Environmental Services
 - Directors of Maintenance
 - Directors of Therapy
 - Various other staff within the above departments
- 

INSIGHT CAPTURED



- Experience and longevity increased understanding – still largely based on previous interactions, not knowledge set
- Knowledge gap greatly increased when both the medical director and facility leaders were inexperienced
- No formal understanding/education of role, just meeting minimum regulatory requirements
- Not seen as an advantageous relationship
- Many leaders had no knowledge of what the role entailed (many stated they were the “boss” of the other providers)
- A significant number of the other members of the team had no knowledge of the role and often didn’t know who the medical director was



PRINTER PROBLEMS AND ANECDOTES OF THE IMPASSIONED MEDICAL DIRECTOR



**EVERY PERSON
FOR
THEMSELVES
AND
ADVENTURES OF
THE PERPLEXED
ADMINISTRATOR**



HOW EFFECTING CHANGE BECAME OUR SUCCESS STORY

- NYSDOH Approved Covid Facility
- mAb Program
- Managed behaviorally challenging residents with implantation of telepsych
- 100% staff COVID vaccination acceptance
- 25% increase in staff flu vaccine acceptance 2021
- Key to success - opening doors for each other to be successful
- Collaborative Culture of safety with a resident focus

THE MEDICAL DIRECTOR'S KEY ROLES

- **Regulatory (F841)**
 - Implementation of patient care policies
 - Oversight of medical care
- **Oversight of medical care: coordinate and evaluate by**
 - Giving specific performance expectations
 - Providing information from authoritative sources
 - Reviewing and evaluating aspects of physician care and practitioner services
 - Helping facility identify, evaluate, and address health care issues
- **Practice of medicine**
 - “Offering or undertaking to prevent or to diagnose, correct and/or treat in any manner or by any means, methods, or devices any disease, illness, pain, wound, fracture, infirmity, defect or abnormal physical or mental condition of any person.”



Source: http://www.fsmb.org/pdf/2003_grpol_Modern_Medical_Practice_Act.pdf

NURSING HOME MEDICAL DIRECTOR ROLES

- **Physician Leadership**
Serves as the physician responsible for the overall care and clinical practice carried out at the facility.
- **Patient Care-Clinical Leadership**
Applies clinical and administrative skills to guide the facility in providing care.
- **Quality of Care**
Helps the facility develop and manage both quality and safety initiatives, including risk management.
- **Education, Information, and Communication**
Provides information that helps others (including facility staff, practitioners, and those in the community) understand and provide care.



NURSING HOME MEDICAL DIRECTOR FUNCTIONS



Administrative

Participates in administrative decision making and recommends and approves relevant policies and procedures.

Professional Services

Organizes and coordinates physician services and the services provided by other professionals as they relate to patient care.

Quality Assurance and Performance Improvement

Participates in the process to ensure the quality of medical care and medically related care, including whether it is effective, efficient, safe, timely, patient-centered, and equitable.

Education

Participates in developing and disseminating key information and education.

Employee Health

Participates in the surveillance and promotion of employee health, safety, and welfare.

NURSING HOME MEDICAL DIRECTOR FUNCTIONS - 2

Community

Helps articulate the long-term care facility's mission to the community.

Rights of Individuals

Participates in establishing policies and procedures for assuring that the rights of individuals (patients, staff, practitioners, and community) are respected.

Social, Regulatory, Political & Economic Factors

Acquires and applies knowledge of social, regulatory, political, and economic factors that relate to patient care and related services.

Person-Directed Care

Supports and promotes person-directed care.



MEDICAL DIRECTOR AREAS OF EXPERTISE

- Management of multi-morbid, chronically ill, and end of life patients
- QAPI
- Regulations
- Antibiotic stewardship
- Infection control
- Leadership skills
- Communication skills
- Payment and nursing home operations



ADMINISTRATOR AREAS OF EXPERTISE

- Team support
- Regulatory interpretation
- Ensure the medical team present and functioning with needed resources
- Work with vendors including pharmacy, lab, imaging
- Help manage costs
- Help improve QMs



DIRECTOR OF NURSING AREAS OF EXPERTISE

- Staff development
- Support quality initiatives
- Resident review and advocacy
- Communication
- Cost oversight
- Monitoring resident care
- Ensuring compliance with all local, state, and federal regulations

QUALITIES THAT SEPARATE AVERAGE MEDICAL DIRECTORS FROM LEGENDARY ONES

3 KEY QUALITIES THAT ALL GREAT MEDICAL DIRECTORS HAVE IN COMMON

Personality	Balancing administrative duties and staff engagement can be arduous. However, a great personality is able to champion meaningful relationships resulting in better care and outcomes. Positive perspective is needed.
Communication and Responsiveness	Excellent communicating and high responsiveness is needed. They need to precisely and effectively deliver objectives and goals in a way that resonates with their teams. Through supportive communication with the various departments cultivate meaningful relationships and they often act as a liaison between them. Doing so creates a trusting environment that supports transparency and ability to positively effect change.
Leadership with Respect and Dignity	A great leader facilitate individual team members reaching their goals. In order to be effective, they need to earn the respect of their team, and then inspire them to be their best. Any behavior points to questionable morals or values will ruin the medical director's effectiveness.



**BREAKING
DOWN THE
BARRIERS**

EVERYONE'S GUILTY BUT TOGETHER WE CAN REPAIR THE DAMAGE

- Antiquated power flex practices
 - Power struggles create a fearful environment that negatively impacts facility relationships and care outcomes.
- Not providing a seat at the table
 - Include all team members involved in an issue
 - Without inclusiveness there are feelings of insignificance and poor staff buy in. Creating higher staff turn over rates.
- False sense of importance
 - Only in meeting error
 - Go to the floors and talk with staff about their jobs and residents
 - Go see emergencies and behaviors
 - Leveling the playing field



EFFECTIVE TWO-WAY RELATIONSHIP

- Needs to be included
- Building needs a quality structure
 - QAPI-committed structure
 - Accident reporting
 - Pharmacy and Therapeutic
 - Skin
 - Antibiotic Stewardship
 - PIP
 - Reporting system
- Time to perform the Roles and Functions



HOW TO BECOME A “GOOD” MEDICAL DIRECTOR?

EDUCATION


- Residency and/or Fellowship
- CME
- Experience working as a Medical Director
- Mentorship





CERTIFIED MEDICAL DIRECTOR

- Completed sufficient training in medical direction
- Served a sufficient time as a medical director or associate medical director
- <https://www.abplm.org/>



“A true leader has the confidence to stand alone, the courage to make tough decisions, and the compassion to listen to the needs of others. He does not set out to be a leader, but becomes one by the equality of his actions and the integrity of his intent.” –*Douglas MacArthur*