

“Clinical Observations and Notes”
August 23, 2002

Survey Process for Medical Director and Attending Physician Review

The directions noted below are being given to DHMH Office of Health Care Quality Surveyors, for their implementation on or after September 15, 2002. They will be used whenever surveyors are reviewing the practice of the Medical Director and the attending physicians. They are not meant to be all-inclusive, but rather a means of focusing the attention of surveyors on issues that have historically been problematic and that need attention.

1. Has the Medical Director obtained the training required by Maryland regulations?
a) Has the Medical Director been certified by the American Medical Directors Association (AMDA) as a Certified Medical Director (CMD)? Is he/she currently in good standing?

or

b) Has the Medical Director completed modules A, B, C?

or

c) Does the Medical Director have a plan in place to complete all three modules within three years of beginning their work as Medical Director?

If the answers to the above is no in all cases, then the surveyor can conclude that:
There are no plans evident in the facility that the Medical Director has or intends to comply with the training requirements.

2. Does the Medical Director participate in the facility QA program?

a) How many of the last six QA meetings were attended by the Medical Director?
XX/6?

Ask to see the attendance sheets.

b) Is there evidence that the physician made a report at each meeting?

If significant clinical issues are found in a survey, the surveyor should look for evidence of the Medical Director's involvement in identifying and resolving the issues.

3. Is there a process being used by the facility to assess the Medical Director's performance?

If significant clinical issues are found in a survey, the surveyor should request and review how the Medical Director ensures that principle physicians are delivering adequate and appropriate patient care. The facility's written assessment of the Medical Director may also be used.

4. Is a plan currently being used by the facility to review the care provided by the Medical Director if he/she cares for patients directly?

a) Does the review employ the same tools used for attending physicians in the facility?

Also see "Principles for Medical Director Clinical Review". .

5. Has the facility Medical Director signed the facility policy on advanced directives?

a) If yes, did the record review indicate that the facility has followed its own policies and procedures?

b) If yes, is the policy in agreement with the Maryland Health Care Decision Act?

6. If significant clinical issues are found in a survey relating to advance directives, the surveyor should look for evidence of the following:

Does the attending physician manage and document resident specific ethical decision-making?

a) Does the attending physician know what the resident's advance directives are?

b) Does the attending physician address the options for advance directives with the resident or surrogate decision maker?

c) Is the attending physician proactive in identifying those resident's for whom aggressive medical intervention may not be indicated?

d) Does the attending physician share care instructions provided by the resident or surrogate with other members of the facility's staff?

7. If significant clinical issues are found in a survey relating to the need for medical follow up during on-call periods, the surveyor should look for evidence of the following:

Does the attending physician inform alternate physicians about residents with active acute conditions or potential problems that may need medical follow-up during their on-call time?

a) Are on-call physician's treatment plans consistent with the resident's advance directives?

b) Does the on-call physician follow-up on pending stat lab work?

c) Does the on-call physician provide medical follow-up on nights and weekends?

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