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F501 Medical Director: Revised Interpretive Guidelines

CMS continues to be issue revisions to F-tag guidelines and related Investigative Protocols. With the ink barely dry on the Pressure Ulcer Guidelines (F314) and the even newer Continence & Catheter Guidance (F315), CMS has released an advance issuance of the Revised Interpretive Guidelines for F501 Medical Director. Final issuance has been delayed until November 2005 to allow states and providers to complete training on the new guidance.

(The intent of this article is to provide a *brief* overview of the key points of the revised interpretive guidelines in order to alert readers to the potential (probable?) need for more in-depth review and evaluation of current facility-Medical Director practices.)

As with previous revisions, there is no change in the regulatory language for F501.
The guidance revisions, however, draw attention to and emphasize the multi-faceted role and necessary areas of involvement of the Medical Director as included in the INTENT Statement:

- *The facility has a licensed physician who serves as the medical director to coordinate medical care in the facility and provide clinical guidance and oversight regarding the implementation of resident care policies.*
    - Resident Care Polices and Procedures are the facility's overall goals, directives, and governing Statements that direct the delivery of care and services to residents. Resident care procedures describe the processes by which the facility provides care to resident that is consistent with current standards of practice and facility policies. Examples include but are not limited to (excerpts from example list only):
        - Admission policies that address the types of residents that may be admitted and retained based upon the ability of the facility to provide the services and care to meet their needs.
        - Integrated delivery of care and services, such as medical, nursing, pharmacy, social, rehabilitative, and dietary services, which includes clinical assessments, analysis of assessment findings, care planning, including preventive care, care plan monitoring and modifications, infection control, transfers to other settings, and discharge planning.
        - Use and availability of ancillary services such as x-ray and laboratory.
        - Mechanisms for communicating and resolving issues related to medical care.
        - Provision of physician services including but not limited to: 24-hour availability of physician services in case of emergency, frequency of visits, documentation of progress notes, etc.
        - Procedures and general clinical guidance for facility staff regarding when to contact a practitioner, including information that should be gathered prior to contacting the practitioner regarding a clinical issue/question or change in condition.
- *The medical director collaborates with the facility leadership, staff, and other practitioners and consultants to help develop, implement and evaluate resident care policies and procedures that reflect current standards of practice.*

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- *The medical director helps the facility identify, evaluate, and address/resolve medical and clinical concerns and issues that:*
    - *Affect resident care, medical care or quality of life; or*
    - *Are related to the provision of services by physicians and other licensed health care practitioners.*

The guidance stresses that the medical director has *an important role in actively helping long term care facilities provide quality care* in the roles of implementation of resident care policies and the coordination of medical care. These two roles provide the basis for the functions and tasks discussed in the guidance:

Medical Direction:

- The facility is responsible for obtaining the medical director's ongoing guidance in the development and implementation of resident care policies, including review and revision of existing policies.
- The medical director has a key role in helping the facility to incorporate current standards of practice into resident care policies and procedures to help assure that they address the needs of the residents.
- Although regulations do NOT require the medical director to sign the policies or procedures, the facility should be able to show that its development, review, and approval of resident care policies included the medical director's input.
- The medical director must guide, approve, and help oversee the implementation of the policies and procedures.

Coordination of Medical Care:

- The medical director helps the facility obtain and maintain timely and appropriate medical care that supports the healthcare needs of the residents, is consistent with current standards of practice, and helps the facility meet its regulatory requirements.
- The medical director helps coordinate and evaluate the medical care by reviewing and evaluating aspects of physician care and practitioner services and helping to identify, evaluate and address health care issues.
- A medical director should establish a framework for physician participation and physicians should believe that they are accountable for their actions and their care.
- The medical director address issues related to coordination of medical care identified through the facility's quality assurance committee and quality assurance programs and other activities related to the coordination of care including but not limited to:
    - Address and resolve concerns and issues between the physicians, health care practitioners and facility staff.
    - Resolve issues related to continuity of care and transfer of medical information between the facility and other care settings.
    - Facilitating feedback to physicians about their performance and practices.
    - Reviewing individual resident cases as requested or indicated.
    - Discussing and intervening about medical care that is inconsistent with applicable current standards of care.
    - Assuring that a system exists to monitor the performance of the health care practitioners.
    - Guiding physicians regarding specific performance expectations.
    - Helping educate and provide information to staff, practitioners, residents, families, and others.

The Guidance references the text of "Medical Direction in Long Term-Care"… *the Medical Director has an important role in helping the facility deal with* ***regulatory and survey issues****… the medical director can help ensure that appropriate systems exist to facilitate good medical care, establish and apply good monitoring systems and effective documentation and follow up of findings, and help improve physician compliance with regulations, including required visits. During and after the survey process, the medical director can clarity for the surveyors clinical questions or information about the care of specific residents, request surveyor clarification of citations on clinical care, attend the exit conference to demonstrate physician interest and help in understanding the nature and scope of the facility's deficiencies, and help the facility draft corrective actions.*

The Investigative Protocol will be used during a survey if the team has identified:

- That the facility does not have a physician serving as medical director and/or
- That the facility has a physician serving as medical director however concerns or noncompliance identified indicates that:
    - The facility has failed to involve the medical director in his/her roles and functions and/or
    - The medical directory may not have performed his/her roles and functions.

Once invoked, the Investigative Protocol will include interview with facility leadership to determine how the facility has identified and reviewed with the medical director his/her roles and functions including those related to coordination of medical care and the facility's clinical practices and care. The medical director will be interviewed about his/her understanding and performance of the medical director roles and functions, and about the extent of facility support for performing his/her roles and functions. After identifying actual or potential noncompliance with the provision of resident care or medical care, these interviews will also include discussion of the medical director's role in development and implementation of specific care-related policies/procedures. Surveyors will also determine how the facility and medical director exchange information regarding quality of resident care, medical care, and how the facility disseminates information from the quality assurance committee to the medical director and attending physicians regarding clinical aspects of care and quality such as infection control, medication and pharmacy issues, incidents and accidents, and other emergency medical issues.

Noncompliance with F501:

- The survey team must identify whether the noncompliance cited at other tags relates to the medical director's roles and responsibilities.
- In order to cite at F501 when noncompliance has been identified at another tag, the survey team must demonstrate an association between the identified deficiency and a failure of medical direction.

Scope and Severity:

- The surveyor must be able to identify the relationship between noncompliance and scope/severity cited at other regulatory tags of Immediate Jeopardy, Actual Harm and/or Potential for more than Minimal Harm, and the failure of the medical care and systems associated with the roles and responsibilities of the medical director including:
  - There is no medical director or the facility failed to involve the medical director in resident care policies or resident care or medical care as appropriate OR
  - The medical director had knowledge of a problem with care or physician services or lack of resident care policies and practices that meet current standards of practice and failed:
    - To get involved or to intercede with the attending physician in order to facilitate and/or coordinate medical care and/or
    - To provide guidance and/or oversight for relevant resident care policies.
  - F501 could be cited at Potential for Minimal Harm when there is no medical director and:
    - There are no negative resident outcomes that are the results of deficient practice, and
    - Medical care and systems associated with roles and responsibilities of the medical director are in place, and
    - There has been a relatively short duration of time without a medical director, and
    - The facility is actively seeking a new medical director.

A few of the key questions to be included in the review and evaluation of your facility's and medical director's current practices:

- Has the medical director been fully informed as to the nature and scope of his/her roles and responsibilities?
- Does the facility expect, involve and provide the medical director with sufficient opportunity and information to actively carry out his/her roles and responsibilities?
  - Does the medical director attend or receive information from the quality assurance committee? What is their role/reaction to the information?
  - Is the medical director aware of recent survey results and/or changes in regulatory requirements/expectations? Like the Pressure Ulcer and Incontinence guidelines? Is the medical director present during the survey?
  - Does the medical director interact routinely and/or as requested with other attending physicians?
- Assuming that the facility expects/involves/provides, is the medical director actively carrying out his/her roles and responsibilities?
- In light of the revised guidance, do they still want to be/are they capable of being the medical director?

About the Author:

Dorrie J. Seyfried is Vice President of Method Management, Risk Management & LTC Consultants, now part of Insurance Program Managers Group, based in St. Charles, Illinois. Under her direction, the Method Management team provides the risk management services to LSN's Workers Compensation Trust and LSN's liability insurance Risk Retention Group as well as a comprehensive array of consultation services to long term care providers including mock surveys, plan of correction & informal dispute resolution development, incident management, leadership development and a 24-hour risk management hotline exclusively for LSN members.

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