



Role of Medical Directors in Long Term Care

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Long Term Care Medical Directors Association of Canada

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1. Introduction

The position of medical director in Long-term Care (LTC) was created in the United States and Canada during the 1970's to improve physician participation and enhance the quality of medical care delivered to residents (Elon R, 1993; Blumberg HB, 1984; Bethune G, 2007). However, during its establishment, the role was an unknown quantity to most LTC administrators and likewise to most physicians. To define it, the American Medical Association compiled a list of 15 guidelines in 1973 but there was no indication of the importance of various functions thus the medical director had little help in determining in which direction to allocate his/her limited time (Blumberg HB, 1984).

In 1975, only a few years after the advent of the term "medical director" in the United States, physicians felt that despite the enormous responsibility and accountability for medical direction of care and services in a LTC facility, medical directors were not being recognized for their leadership roles (Moss BB, 1975). The role remained ill defined over the years with hesitation concerning duties and expectations in LTC facilities (Leigh S & Newman K, 1997; Berklan JM, 2003). In fact, since the 1970s, it has been found that medical directors would not fully participate in the nursing home due to the lack of clear understanding regarding the extent and limitations of their responsibility by the medical director, administrator, and director of nursing (Shaughnessy ME, 1972; Ingman SR et al., 1978).

Since the 1970s and early 1980s, various researchers have conducted surveys to determine where medical directors spend their time and this was found to vary from facility to facility (Elon R, 1993; Blumberg HB, 1984). This variation is seen even in the US where medical directors in nursing homes are mandated by federal regulations (1987 OBRA Regulations).

As the needs of an aging population are better defined and the evolving expectations of health care consumers and payers noted, LTC facilities are under more pressure to move toward a culture focused on residents' quality of life – meeting social and personal as well as clinical needs (Peppers E, 2006; Bethune G, 2007; Frank C et al., 2006). As a result, not only will the role of the medical director have to change in response to the growing demands placed on LTC facilities, but the medical director is in a unique position to guide nursing homes and the entire LTC sector in meeting the demands placed on it by ageing baby boomers.

2. Purpose

Given the wide variation in functions and responsibilities of medical directors and the lack of clarity regarding the role medical directors play in the LTC sector, this

project embarked on developing a role description for Canadian Medical Directors in LTC.

The specific objectives of the project were to:

- Identify role functions based on the literature, American Medical Directors Association (AMDA) position statements and other sources, and feedback from the Centre for Healthy Aging at Providence's 2nd Annual Leadership Program for LTC in British Columbia;
- Validate the role functions with Medical Directors across Canada using a survey form;
- Validate the role functions with Directors of Nursing/Care and facility administrators and/or regional administrators funding the Medical Director position in various health regions using a survey form;
- Develop a role description for Medical Directors based on validated functions;
- Validate the role description with the national advisory group established for this project.

3. Methodology

A questionnaire (see Appendix 1) was developed using role functions identified from the literature, American Medical Directors Association (AMDA) position statements and other sources, and feedback from the Centre for Healthy Aging at Providence's 2nd Annual Leadership Program for LTC in British Columbia (Department of Health and Human Services, Office of Inspector General, Nursing Home Medical Directors Survey, 2003; Presentation by Dr. Paddy Quail to 5th Annual Long Term Care Colloquium, 2006; Elon R, 1993; Blumberg HB, 1984; Bethune G, 2007; Peppers E, 2006; 1987 OBRA Regulations). The role functions were organized into six categories: quality improvement functions; medical staff management functions; resident service functions; residents' rights functions; administrative functions; and leadership functions. Three questions were posed:

1. Does the medical director spend any time on this activity?
2. Should the medical director spend time on this activity?
3. If "yes" to question #2, should the activity be "essential" or "desirable". "Essential" activities were described as duties that are the core requirements of the medical director's position and that the medical director is expected to give highest priority to while "desirable" duties were described as those that should only be administered if the higher-level priorities had been attended to.

The purpose of the latter question was to gauge the level of importance attached to an activity if it was felt that the medical director should spend time on that activity.

The last few questions on the questionnaire covered reporting structure, time per month the medical director spent in the role of medical director, time per month the medical director felt he/she would need to undertake the essential functions identified as part of the role, and the size of the facility the respondent was from. The advisory group appointed validated the questionnaire prior to its distribution.

The Guide to Canadian Healthcare Facilities, 2005/06 was used to identify all LTC facilities in Canada with a medical director. The facilities were aggregated by region and randomly selected on a proportional basis. A total of 336 facilities were selected and the medical directors, directors of care/nursing, and administrators in those facilities were sent the survey (n=991). The respondents had the option to complete the survey online or return the paper survey by mail. A modified Dillman method was used to achieve optimal return rates.

Statistical analysis was predominately descriptive to identify functions that it was felt medical directors should undertake. A total of 42 functions were outlined in the questionnaire and were rated by medical directors, directors of care/nursing and administrators as to whether the medical director should spend time on the particular activity/function. The responses from the three groups were analyzed separately and 27 functions were clearly highlighted as significant by the respondents. These functions were then ranked followed by a review for consensus amongst the groups. A total of 24 functions were identified that had congruence amongst the three groups and thus were included into the role description. The remaining 18 functions (categorized as grey functions) were then referred to the national advisory group for this project to determine which ones should be included in the role description based on criteria provided to them (see Appendix 2), their expertise, experience, and consensus. Subsequently, the role description was developed and then validated with a group of medical directors from BC, Alberta and Ontario, selected from the Long Term Care Medical Directors Association of Canada who had volunteered to participate in this project.

4. Results

A 37% response rate was obtained overall. The Eastern Region (Ontario & Quebec) was over-represented with 86.5% of responses coming from the East; 8% percent of responses were from the Western Region (Alberta, British Columbia, Manitoba, and Saskatchewan) and 5.4% from Atlantic and Territories (New Brunswick, Newfoundland and Labrador, Nova Scotia, Northwest Territories, Nunavut, Prince Edward Island, and the Yukon).

Almost 40% of the respondents were directors of care; administrators made up 32% of respondents and the remainder (29%) were medical directors.

Of the responding facilities, 38.6% had up to 99 beds, 43.9% had 100-199 beds, and 17.6% had 200 or more beds.

Table 1 shows the functions that the medical director should spend time on as rated by all three professional groups.

Table 1: Functions rated by 80%+ from all 3 groups

Function
<u>Leadership</u> <ul style="list-style-type: none"> ▪ Keep up with current knowledge and practice in medicine ▪ Work collaboratively with administration on innovations
<u>Administrative</u> <ul style="list-style-type: none"> ▪ Liaise with Director of Care and Director of Nursing ▪ Serve as member on the Medical Advisory Committee and other committees as required
<u>Quality Improvement</u> <ul style="list-style-type: none"> ▪ Coordinate physician response in the event of a major incidence or outbreak ▪ Advise on infection prevention and control issues and approve specific infection control policies ▪ Promote a culture of patient safety in your facility ▪ Participate in the accreditation process ▪ Develop, review and revise medical and clinical policies/procedures based on best practice ▪ Support quality improvement planning and the development of quality improvement indicators for potential areas of concern ▪ Develop quality of care standards in conjunction with the facility administrator and interdisciplinary team
<u>Medical Staff Management</u> <ul style="list-style-type: none"> ▪ Collaborate with attending physicians when concerns are raised about his/her resident's care ▪ Ensure 24/7 medical coverage for residents ▪ Ensure a process is in place for addressing medical staff who are non-compliant with policies, procedures and bylaws ▪ Ensure all members of medical staff are aware of responsibilities as attending physicians ▪ Monitor quality of care provided by attending physicians ▪ Develop and communicate expectations of attending physicians e.g. bylaws, rules and regulations, facility policies, etc. ▪ Review pharmacist medication management reports ▪ Review prescribing by attending physicians through medication safety/pharmacy reviews
<u>Resident Service Functions</u> <ul style="list-style-type: none"> ▪ Participate in the planning of resident care by ensuring the appropriateness of services and treatments ▪ Perform attending physician duties
<u>Residents' Rights Functions</u> <ul style="list-style-type: none"> ▪ Ensure residents' end of life decisions are honoured ▪ Confirm appropriate restraint usage ▪ Ensure cognitive residents' rights to refuse medications

Table 2 illustrates the remaining grey functions that were considered by the national advisory group. Using the criteria in Appendix 2, each group member was requested to identify five functions that they felt should be included in the role description and then by group consensus, functions were identified for

inclusion from amongst those chosen by individual members. Functions that were chosen for inclusion in the role description are identified in italics.

Table 2: Grey Functions

Function
<p><u>Leadership</u></p> <ul style="list-style-type: none"> ▪ Advocate for appropriate funding in all aspects of long-term care, educational support, etc. ▪ Conduct research
<p><u>Administrative</u></p> <ul style="list-style-type: none"> ▪ <i>Serve as liaison between medical staff, nursing staff, and administration</i> ▪ Work with interdisciplinary team and administrator to develop tools for communication with acute hospital, pharmacy, etc. in the community ▪ Serve as liaison with Health Authorities or Regions, Ministry of Health, etc. ▪ Liaise with community clinical resources on behalf of the facility ▪ Train medical residents interested in working in residential care ▪ Undertake CME planning and provision ▪ Promote ongoing training of medical and non-medical staff related to their functional requirements and participate in training ▪ <i>Serve as a member on the facility's senior management team</i>
<p><u>Quality Improvement</u></p> <ul style="list-style-type: none"> ▪ <i>Attend Quality of Care Committee meetings</i> ▪ Work with facility administrator and interdisciplinary team to develop risk management policies e.g. complaints process or critical incident policy
<p><u>Medical Staff Management</u></p> <ul style="list-style-type: none"> ▪ Orient new physicians ▪ Monitor attending physicians' performance ▪ <i>Assist with physician recruitment and resource planning</i> ▪ Credentialing and privileging of physicians
<p><u>Resident Service Functions</u></p> <ul style="list-style-type: none"> ▪ <i>Act as consulting physician to staff and other physicians</i> ▪ Lead care conferences, summarize care issues and communicate these to attending physician

Appendix 3 includes the resulting role description for Medical Directors in LTC.

5. Discussion

The role of the medical director in LTC is variable, extensive and not clearly defined. Historically, medical directors were recruited into the role because they cared for the most residents in that facility and were asked to fill a vacant position (Frank C et al., 2006). To our knowledge, there is no validated role description for medical directors in LTC in Canada that is consistently/commonly used and referenced. Respect and remuneration for the role is minimal and not consistent with the requirements of the position. According to Frank et al., the demographics and sources of dissatisfaction identified by their survey (i.e., financial compensation, obtaining on-call coverage, excessive paperwork and financial compensation for on-call shifts, among others), indicate a need for greater attention to physician human resources in LTC in Canada (Frank C et al, 2006).

Bethune as recently as January 2007, stated “nursing homes do the best they can to manage with ...a physician-payment system which is driving doctors from the practice of medicine in nursing homes” (Bethune G, 2007).

In work conducted at Providence Health Care in 2006 relating to primary care reform in residential care, physicians continued to identify remuneration as the single most significant barrier to recruitment and retention in residential care. As an example of this issue, physicians earn \$36.27 for seeing a patient aged 80+ in their office, but \$21.74 for seeing a resident of the same age in a nursing home, including travelling time to and from the home (Primary Care Reform in Residential Care, Final Project Report, 2006). Elon similarly discusses the issue of appropriate remuneration of medical directors in the US, where this position is mandated through regulation. She illustrates that if the Medicaid rate for medical direction is about \$0.50 per bed per day, then a 120-bed LTC facility that was 100% Medicaid-funded would pay approximately \$100 per hour for four hours per week of active medical direction. For a physician in private practice to serve in such a capacity part-time, the stipend for medical direction must not only cover the physician’s salary and benefits, but must also cover overhead costs associated with running an office. If the stipend paid to the medical director does not cover costs described above, the market will not provide a ready force of qualified individuals to fill the need. Elon further states “to be truly effective, this regulatory mandate must be accompanied by the appropriate funding of the role of medical director...If we are serious about improving the quality of nursing home medical direction, then we must continue to evaluate the structure and financing of medical care and medical direction...” (Elon RD, 2005).

The aging Canadian population as well as the acuity and diversity of the patients entering LTC will increase the need for physicians in this sector and will make the role of physicians and medical directors more complex and challenging (Frank et al, 2006; Bethune G, 2007; Willing P, 1995). It is more important now than ever before that medical directors and our nursing homes play a key role in the training of family physicians, geriatricians, nurse practitioners and other allied health professionals. The Netherlands has been proactive in the training of physicians specialized in nursing home care as they have developed the discipline of nursing-home medicine as an independent two-year medical speciality with its own training and as a result, there are now over 1,000 qualified nursing-home physicians in the Netherlands (Hoek JF et al, 2003). In Canada, we may be far from this vision but as Frank et al found out in their survey of medical directors, it is essential to begin by providing increased exposure to LTC during the family medicine residency and during nursing education. According to Frank et al, the College of Family Physicians of Canada has mandated that nursing home exposure be a core experience during the care of the elderly training in the third postgraduate year and in Nova Scotia, the nursing home already plays a key role in the training of residents.

The role description for medical directors in LTC developed through this project will bring clarity and respect to the position. Having a role description that is validated by leaders in the LTC community also highlights to Ministries of Health and Regional Health Authorities that the role needs to be supported by infrastructure and systems. It will also assist in developing specific recruitment strategies to attract physicians to LTC, and be a potential starting point for negotiations regarding remuneration. Finally, as stated by Bethune, “medical direction will need to be more inclusive, more expert and better supported” (Bethune G, 2007). LTC facilities can begin by facilitating medical director networking opportunities through appropriate organizational infrastructure and support such as a budget to attend conferences or workshops or membership to the Long Term Care Medical Directors Association of Canada.

6. Limitations of Study

There are several limitations to this study. The first is similar to other studies such as by Frank et al in that identifying medical directors is difficult given the fragmentation of the LTC sector and the lack of organized LTC systems at the regional, provincial, or national levels. The Guide to Canadian Healthcare Facilities, 2005/06 database, the best available resource, did not provide the medical directors for all LTC facilities in Canada; some information was already outdated.

Another limitation is that we did not explore the perspectives of attending physicians working in LTC and this may have provided additional perspectives on the role of medical directors.

Finally, the low response rate to our survey (37%) limits generalization to all LTC facilities. However, our results represent a sizable minority and reflect the opinions of medical directors, administrators and directors of care across Canada, which to our knowledge have never been surveyed regarding the role functions that medical directors should carry out.

7. Conclusion

The role description for medical directors in LTC, which has been developed with feedback from LTC administrators, directors of care, and medical directors from across Canada provides guidance regarding the responsibilities of such a position and the functions outlined are considered important for medical directors to undertake by all three groups surveyed. The consensus amongst the three groups is important since evidence shows that historically, these three groups of professionals have often had different perceptions of the role of the medical director (Ingman SR et al, 1978). In addition, the functions included in the role description are supported by the literature (LaPorte M, 2006; Peppers E, 2006, Bethune G, 2007; Durham JR et al, 1971).

The role description will also enable a starting point for negotiations regarding fair compensation for services provided by medical directors. Remuneration of medical directors has been an issue since the advent of this role and continues today (Elon R, 1993; Bethune G, 2007; Frank C et al, 2006; Providence Health Care & Haro Park Centre- Primary Care Reform in Residential Care, Final Report, 2006).

It is hoped that this role description which has been developed with input from administrators, directors of care and medical directors themselves, will be taken up by LTC facilities with a view to improving patient care and providing clarity to the medical director's role in LTC facilities in Canada.

There is a need to evaluate the role of the medical director in LTC. Not all facilities in Canada have a medical director and it is important to determine whether there is a difference in the quality of care being delivered to residents in LTC facilities by virtue of having a medical director. Future research should focus on this question and LTC facilities with and without medical directors should be compared for quality of care and other relevant outcomes.

APPENDIX 1: Survey of Medical Directors' Functions

Survey of Medical Directors' Functions

Essential – the “essential” duties are the core requirements of the position. The Medical Director is expected to give highest priority to these duties.

Desirable – these duties are “desirable” but should only be administered if the higher-level priorities have been attended to.

Specific and Related Functions	Does the Medical Director spend any time on this activity?	Should the Medical Director spend time on this activity? If “yes” should this activity be essential or desirable (see legend above)?
Quality Improvement Functions		
Develop, review and revise medical and clinical policies/procedures based on best practice	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Support quality improvement planning and the development of quality indicators for potential areas of concern	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Develop quality of care standards in conjunction with the facility administrator and interdisciplinary team	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Attend Quality of Care Committee meetings	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Work with facility administrator and interdisciplinary team to develop risk management policies e.g. complaints process or critical incident policy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Advise on infection prevention and control issues and approve specific infection control policies	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Promote a culture of patient safety in your facility	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Coordinate physician response in the event of a major incident or outbreak	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Participate in the accreditation process	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Medical Staff Management Functions		
Collaborate with attending physicians when concerns are raised about his/her resident’s care	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Monitor quality of care provided by attending physicians	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Review prescribing by attending physicians through medication safety/pharmacy reviews	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Monitor attending physicians’ performance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Review pharmacist medication management reports	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>

Specific and Related Functions	Does the Medical Director spend any time on this activity?	Should the Medical Director spend time on this activity? If “yes” should this activity be essential or desirable (see legend above)?
Ensure 24/7 medical coverage for residents	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Ensure all members of medical staff are aware of responsibilities as attending physicians	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Develop and communicate expectations of attending physicians e.g. Bylaws, rules and regulations covering visits, on call, care conferencing, coverage, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Ensure a process is in place for addressing medical staff who are non-compliant with policies, procedures and by-laws	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Orient new physicians	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Assist with physician recruitment and resource planning	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Credentialing and privileging of physicians	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
<i>Resident Service Functions</i>		
Perform attending physician duties	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Participate in the planning of resident care by ensuring the appropriateness of services and treatments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Lead care conferences, summarize care issues and communicate these to attending physician	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Act as consulting physician to staff and other physicians	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
<i>Residents' Rights Functions</i>		
Ensure residents' end of life decisions are honoured	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Confirm appropriate restraint usage	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Ensure cognitive residents' rights to refuse medications	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
<i>Administrative Functions</i>		
Serve as liaison between medical staff, nursing staff, and administration	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Serve as liaison with Health Authorities or Regions, Ministry of Health, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>

Specific and Related Functions	Does the Medical Director spend any time on this activity?	Should the Medical Director spend time on this activity? If “yes” should this activity be essential or desirable (see legend above)?
Undertake CME planning and provision	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Work with interdisciplinary team and administrator to develop tools for communication with acute hospital, pharmacy, etc. in the community	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Liaise with Director of Care and Director of Nursing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Serve as a member on the Medical Advisory Committee and other committees as required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Serve as a member on the facility’s senior management team	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Promote ongoing training of medical and non-medical staff related to their functional requirements and participate in training	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Train medical residents interested in working in residential care	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Liaise with community clinical resources on behalf of the facility	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Leadership Functions		
Advocate for appropriate funding in all aspects of long-term care, educational support, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Work collaboratively with administration on innovations	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Keep up with current knowledge and practice in medicine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>
Conduct research	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Essential <input type="checkbox"/> Desirable <input type="checkbox"/>

Who do you report to? Board CEO Other: _____

How much time per month does the Medical Director currently spend in that role?

<4 hours 4-9 hours 10-29 hours 30-52 hours >52 hours

Based on your experience and completion of this survey, how much time per month would the Medical Director need to spend in the role to conduct the essential functions you identified?

<4 hours 4-9 hours 10-29 hours 30-52 hours >52 hours

Are you a: Medical Director Director of Care Administrator

Province _____ Size of facility where you spend most of your time _____ beds

Appendix 2: Criteria For Identification of Medical Director's Functions Stage 2 – Grey Functions

Criteria Used to Identify Medical Director's Functions

The following criteria should be used to identify functions from the grey list to be included in the national role description for Medical Directors.

In reviewing each function consider the following:

1. Is this an integral function to caring for the increasingly complex, frail and medically challenging nursing home population?
2. Will this function improve the quality of life for nursing home residents?
3. Is it practical for you to undertake this function as Medical Director?
4. Should an attending physician undertake the function? If yes, do not include in the national role description.
5. Does this function promote the Medical Director as a leader within the facility?
6. Is undertaking this function the best use of your time and skills as Medical Director?
7. Is including this function in the national role description appropriate and relevant to the majority of provinces/territories in Canada (since we are aiming to have a national role description)?

Appendix 3: Role Description for Medical Directors in LTC

Medical Director's Role Description

Responsibilities of Medical Director

Leadership

- Keep up with current knowledge and practice in medicine relevant to Long Term Care

Administrative

- Liaise with Director of Care and/or Director of Nursing
- Serve as member on the Medical Advisory Committee and other committees as required

Quality Improvement

- Develop, review and revise medical and clinical policies/procedures based on best practice and specific provincial legislation
- Coordinate physician response in the event of a major incident or outbreak
- Advise on infection prevention and control issues and approve specific infection control policies
- Promote a culture of patient safety in your facility
- Participate in the accreditation process

Medical Staff Management

- Collaborate with attending physicians when concerns are raised about his/her patient's care
- Ensure a system is in place for 24/7 medical coverage for patients
- Ensure a process is in place for addressing medical staff who are non-compliant with policies, procedures and bylaws
- Ensure all members of medical staff are aware of responsibilities as attending physicians
- Monitor quality of care provided by attending physicians
- Develop and communicate expectations of attending physicians e.g. Bylaws, rules and regulations covering visits, on call, care conferencing, coverage, etc.
- Collaborate with clinical pharmacy around medication management
- Review prescribing by attending physicians through medication safety/pharmacy reviews

Resident Service Functions

- Participate in the planning of patient care by ensuring the appropriateness of services and treatments

Residents' Rights Functions

- Ensure patients' autonomy is respected in all treatment, medication and end of life decisions
- Confirm appropriate restraint usage

Additional Duties

Leadership

- Work collaboratively with administration on innovations

Quality Improvement

- Support quality improvement planning and the development of quality improvement indicators for potential areas of concern
- Develop quality of care standards in conjunction with the facility administrator and interdisciplinary team
- Attend Quality of Care Committee meetings

Administrative

- Serve as liaison between medical staff, nursing staff, and administration
- Serve as a member on the facility's senior management team

Medical Staff Management

- Assist with physician recruitment and resource planning

Resident Service Functions

- Act as consulting physician to staff and other physicians
- Perform attending physician duties

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