January 13, 2025 Weekly Clinical Update

The Centers for Medicare & Medicaid Services (CMS) released updated guidance for nursing home surveyors that will take effect on February 24, 2025. The updates aim to enhance the quality of care and ensure compliance with evolving standards in long-term care facilities. These revisions, which will be incorporated into Appendix PP of the State Operations Manual (SOM), reflect key changes in various areas, including the role of the medical director, admission and discharge policies, medication practices, infection control, and quality assurance.

F841 §483.70(g) Medical director. §483.70(g)(1) The facility must designate a physician to serve as medical director. §483.70(g)(2) The medical director is responsible for— (i) Implementation of resident care policies; and (ii) The coordination of medical care in the facility.

Clarification regarding the medical director's responsibilities related to the implementation of resident care policies was added to the guidance at F841 and now includes:

- Implementation of resident care policies such as ensuring physicians and other practitioners adhere to facility policies on diagnosing and prescribing medications and intervening with a health-care provider.
- Participation in the quality assessment and assurance committee (QAA) or assigning a designee to represent him/her. (refer to F868)
    - "NOTE: Having a designee does not change or absolve the Medical Director's responsibility to fulfill his or her role as a member of the QAA committee, or his or her responsibility for overall medical care in the facility"
- Addressing issues related to the coordination of medical care and implementation of resident care policies identified through the facility's quality assessment and assurance committee and other activities
- Active involvement in the process of conducting the facility assessment (refer to F838)

In addition, the medical director's responsibilities should include, but are not limited to:

- Administrative decisions, including recommending, developing, and approving facility policies related to residents' care. Resident care includes physical, mental, and psychosocial well-being.
- Discussing and intervening (as appropriate) with a health-care practitioner regarding medical care that is inconsistent with current standards of care, for example,

physicians assigning new psychiatric diagnoses and/or prescribing psychotropic medications without following professional standards of practice.

F841 is referenced 31 times in Appendix PP and the deficiency is likely to be included in the CMS "Mixing Tool" so it will be cited much more frequently than in the past.

Surveyors are guided to interview the facility's Medical Director with the following investigative and interview questions.

INVESTIGATIVE PROCEDURES

If a deficiency has been identified regarding a resident's care, also determine if the medical director had knowledge or should have had knowledge of a problem with care, or physician services, or lack of resident care policies and practices that meet current professional standards of practice and failed:

• To get involved or to intercede with other physicians or practitioners to facilitate and/or coordinate medical care; and/or

• To provide guidance for resident care policies.

Interview the medical director about his/her:

• Involvement in assisting facility staff with resident care policies, medical care, and physician issues;

• Understanding of his/her roles, responsibilities and functions and the extent to which he/she receives support from facility management for these roles and functions;

• Process for providing feedback to physicians and other health care practitioners regarding their performance and practices, including discussing and intervening (as appropriate) with a health care practitioner regarding medical care that is inconsistent with current professional standards of care;

• Input into the facility's scope of services including the capacity to care for residents with complex or special care needs, such as dialysis, hospice or end-of-life care, respiratory support with ventilators, intravenous medications/fluids, dementia and/or related conditions, or problematic behaviors or complex mood disorders;

• His/her participation or involvement in conducting the Facility Assessment and the Quality Assessment and Assurance (QAA) Committee.

Interview facility leadership (e.g., Administrator, Director of Nursing, and others as appropriate) about how they interact with the medical director related to the coordination

of medical care, the facility's clinical practices and concerns or issues with other physicians or practitioners.

February 24, 2025 is right around the corner. This would be a good time to review your Medical Director's contract to ensure all requirements are included in the contract. Additionally, a good conversation may be needed to show the Medical Director the changes in the regulation and the additional responsibilities they have in the functioning and care provided by the facility.