

## The "On-the-firing-line" Medical Director

How to Survive and Thrive  
(with the help of AMDA)

Alva S. Baker, MD, CMD  
President, American Medical  
Directors Association

---

---

---

---

---

---

---

---

## Objectives

- List potential quagmires for the hard-working medical director
- Define methods of self-assessment for detecting such potential quagmires
- Describe resources available from the American Medical Directors Association to help with quagmire-avoidance
- Define the Medical Director's role in advancing mission by quality improvement

---

---

---

---

---

---

---

---

## Quagmire

Main Entry: **quag-mire**

Pronunciation: 'kwag-"ml(-&)r, 'kwäg

Function: *noun*

**1** : soft miry land that shakes or yields under the foot

**2** : a difficult, precarious, or entrapping position : **PREDICAMENT**

<http://www.m-w.com/dictionary/quagmire>  
accessed July 20, 2007

---

---

---

---

---

---

---

---

## Quagmires

(to name a few...)

- Ignorance
- Incompetence
- Carelessness
- Inadequate collegial working relationships with DON and NHA
- Inadequate collegial working relationships with attending physicians
- Lack of medical staff structure
- Failure to subscribe to facility mission

---

---

---

---

---

---

---

---

## Ignorance

- There is a body of knowledge which defines the expectations, role and performance of the medical director.
  - accessible
  - obtainable
    - self-study (reading)
    - CME

---

---

---

---

---

---

---

---

## Incompetence

- Failure to acquire knowledge, skills and attitudes required for success
  - “You don’t need to know all that stuff...”
  - “All I’ve been asked to do is sign forms, so I guess that’s all I need to do in order to be successful at the job.”
  - “They (the attending physicians) are all doctors, so they know how to provide care for frail, medically-complex older persons in the regulated environment.”

---

---

---

---

---

---

---

---

### Carelessness

- Indistinguishable from physician carelessness in any other venue
- Fostered by time demands
- The greatest source of mistakes

---

---

---

---

---

---

---

---

### Management team relationships

- The medical director, DON and administrator must function as a team to meet the goals of best-quality care and lack of bad outcomes
- Turfdom/power struggles deteriorate the possibility of developing and sustaining adequate collegial relationships that enable team functioning

---

---

---

---

---

---

---

---

### Attending physician relationships

- The medical director must assume and sustain leadership of the medical staff
  - collegiality
  - lead by example
    - demonstration of adherence to geriatric medicine principles and compliance with regulatory requirements

---

---

---

---

---

---

---

---

### Medical staff structure

- Organization of the staff
- Age and specialty differences
- Lines of authority

---

---

---

---

---

---

---

---

### Self-assessment tools

Item	Y	N
KSAs current		
Adequate time <i>for Medical Direction</i> allowed in schedule and paid for by facility		
Administrator, DON and Medical Director function as team players, each contributing KSAs for furthering mission		
Medical Staff is organized		
Medical Director is perceived by LIPs as leader and resource		
Medical Director is knowledgeable about Federal and State regulations		

---

---

---

---

---

---

---

---

### Self-assessment tools

Item	Y	N
Medical Director interfaces with the community and promotes positive image for the facility		
Medical Director leads by example		
Medical Director responds and 'goes the extra mile' in crisis situations and at critical times such as licensure or complaint surveys		
Medical Director writes legibly or consistently uses e-documentation and e-communication		
Medical Director is active in local AMDA chapter and other professional organizations		

---

---

---

---

---

---

---

---

## Self-assessment tools

<b>Personal survey</b>	<b>Item</b>	<b>Y</b>	<b>N</b>
	Always fatigued		
	Leading healthy lifestyle		
	Takes minimum of 3 weeks vacation yearly		
	Maintains equanimity		
	Sustains good inter-personal relationships		
	Has avocation		

---

---

---

---

---

---

---

---

## Helpful AMDA resources

- Core Curriculum
- Certified Medical Director program
- AMDA CME materials
- CPG's
- Medical Director Model Contract
- Annual Meeting (culture, role modeling, education)
- State chapter support

---

---

---

---

---

---

---

---

## The Mission of Quality

---

---

---

---

---

---

---

---



**An Overview of the *Advancing Excellence in America's Nursing Homes* campaign**



---

---

---

---

---

---

---

---

**Campaign Aim**

To pursue excellence in the quality of life and quality of care for the more than 1.5 million residents of America's nursing homes by enhancing choice, strengthening workforce and improving clinical outcomes.

[www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)

---

---

---

---

---

---

---

---

**National Founding Members**

- Alliance for Quality Nursing Home Care
- American Association of Homes and Services for the Aging – AAHSA
- American Association of Nurse Assessment Coordinators – AANAC
- American College of Health Care Administrators – ACHCA
- American Health Care Association – AHCA
- American Medical Directors Association – AMDA
- Centers for Medicare & Medicaid Services – CMS
- National Association of Health Care Assistants – NACHA
- National Citizens' Coalition for Nursing Home Reform – NCCNHR
- National Commission for Quality Long-term Care
- The Commonwealth Fund
- The Evangelical Lutheran Good Samaritan Society

---

---

---

---

---

---

---

---

## An Unprecedented Coalition

Representing:

- 11,000 nursing homes nationwide
- 45,000 health care professionals, including:
  - 3,500 health care administrators
  - 6,000 directors of nursing (DoNs)
  - 7,200 medical directors
  - 9,000 gerontological nurses and nurse coordinators
  - 20,000 CNAs
- 1,000 consumer advocates; Millions of caregivers
- 1.8 million service employees
- National Commission for Quality Long-term Care:
  - Two Governors
  - Four current Members of Congress
  - Former Senator Kerrey and Former Speaker Gingrich
  - Academicians and quality experts

---

---

---

---

---

---

---

---

## Campaign Components

- Meaningful Goals
- Measures and Data Sources
- National and State Infrastructure
  - (LANEs: *Local Area Networks for Excellence*)
- Technical Assistance
  - Evidenced-based Protocols
  - Guidelines

---

---

---

---

---

---

---

---

## Advancing Excellence Goals

**Clinical Quality Goals -- To be Publicly Reported**

- 1) Reducing high risk pressure ulcers;
- 2) Reducing the use of daily physical restraints;
- 3) Improving pain management for longer term nursing home residents; and
- 4) Improving pain management for short stay, post-acute nursing home residents.

---

---

---

---

---

---

---

---

## Advancing Excellence Goals

**Organizational Improvement Goals – Nursing Homes**  
*can choose to publicly report*

- 5) Establishing individual targets for improving quality (STAR);
- 6) Assessing resident and family satisfaction with the quality of care;
- 7) Increasing staff retention; and
- 8) Improving consistent assignment of nursing home staff, so that residents regularly receive care from the same caregivers.

---

---

---

---

---

---

---

---

## Current Participation

Participating nursing homes:  
 5538

Percentage of participating nursing homes\*:  
 34.9%

Percentage of nursing homes that selected each goal:

- Goal 1 = 68.4%
- Goal 2 = 42.3%
- Goal 3 = 53.7%
- Goal 4 = 39.9%
- Goal 5 = 29.6%
- Goal 6 = 65.7%
- Goal 7 = 39.5%
- Goal 8 = 31.2%

Participating consumers:  
 1010

As of 7/12/07

---

---

---

---

---

---

---

---

## National Quality Initiatives: Common Goals

Goal / Aspect of the campaign	Advancing Excellence in America's Nursing Homes	Quality First (AHCA, AAHSA, The Alliance)	Nursing Home Quality Initiative (CMS)	Culture Change	AMDA-F LTC Quality Improvement Study
Voluntary participation	X	X		X	X
Reduce Pressure Sores	X	X	X		X
Reduce use of restraints	X	X	X		
Reduce pain in long-stay residents	X	X	X		X
Reduce pain in short stay residents	X	X	X		X
Set targets for clinical quality improvement	X		X		X
Measure resident / family satisfaction and incorporate into care plan	X	X	X	X	
Measure staff turnover and develop plans to improve staff retention	X	X	X	X	
Adopt "consistent assignment" of CNAs	X			X	

---

---

---

---

---

---

---

---

### Provider Benefits of a National Campaign

- Increased staff retention / focus
- Cost savings
- Improved customer satisfaction
- Supports decision-making
- Supports risk management
- Pay for performance
- Advances standards development
- Use of technology
- At the table – now and in the future

---

---

---

---

---

---

---

---

### National Benchmarks & Targets

	Baseline 3 <sup>rd</sup> Q/2005	Goals <b>2008</b>
Pressure Sores	13%	<b>10%</b>
Physical Restraints	7%	<b>5%</b>
Pain/Long Stay	6%	<b>4%</b>
Pain/Post Acute	23%	<b>15%</b>
Target Setting (baseline 2006)	34%	<b>90%</b>
Measuring Customer Satisfaction (estimate)	20%	<b>80%</b>
Measuring Staff Turnover (estimate)	20%	<b>80%</b>
Consistent Staffing	X	<b>33%</b>

---

---

---

---

---

---

---

---

### Technical Assistance

- LANEs
- QIOs
- Clinical Tools
  - [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)
  - Quality First online resources
  - Clinical Practice Guidelines from AMDA
  - AHRQ guidelines
  - [www.medqic.org](http://www.medqic.org)

---

---

---

---

---

---

---

---

## Local Area Networks for Excellence (LANEs)

- Network of individuals and organizations across the state (or territory) working together to fulfill needs at local level to ensure campaign success
- Each has one convener who serves as point of contact
- LANEs will have regular opportunities to meet
  - Among themselves
  - With other LANEs
  - With a contact who interacts regularly with campaign steering committee

---

---

---

---

---

---

---

---

## LANE Roles and Responsibilities

- Raise Awareness
- Drive Enrollment
- Convene Meetings
- Provide Technical Assistance
- Communicate Key Campaign Messages
- Respond to Critical Issues

---

---

---

---

---

---

---

---

## Advancing Excellence *Considerations*

- Understand the eight goals
  - Measurement
  - Each process framework
- Benchmark how your facility is doing
- Evaluate costs and outcomes
- Assess which goals you are already working on and ones that you want to work on;
- Spend time on [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)
- Work with [QIO] to learn how the campaign complements what you're already doing

---

---

---

---

---

---

---

---

**Campaign Web Site:**  
[www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)

- About the Campaign
- Campaign Progress
- How to Get Involved
- Campaign Goals
- Campaign Leaders
- Summit
- For LANEs
- For Nursing Homes
- For Consumers
- For the Media
- Contact Us

---

---

---

---

---

---

---

---

**How to Participate**

- Visit: [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)
- Click on link "For Nursing Homes"
- Commit to 3-8 goals for quality improvement and register
- Begin to work on selected goals using available technical resources
- Connect with LANE
- Join thousands of other providers
- We encourage nursing homes to register by November 30, 2007

---

---

---

---

---

---

---

---

**Summary**

- Acquisition of defined knowledge, skills and attitudes are required for successful medical direction
- Behavioral implementation of these principles are required for successful medical direction
- Alignment with, commitment to and working to enhance the facility's mission are required for successful medical direction

---

---

---

---

---

---

---

---