

Integrity Hospice  
**Section 2 - Provision of Care, Treatment and Service**

**PHYSICIAN SERVICES—MEDICAL DIRECTOR**

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EFFECTIVE DATE:           JANUARY 4, 2019

**PURPOSE**

To ensure qualified medical direction and consultation for the delivery of hospice services and programs. To demonstrate that the Medical Director/hospice team physician (physician designee) has overall responsibility for patient care through documentation that demonstrates interaction/ communication with the attending physician as necessary for appropriate medical care.

**POLICY**

Integrity Hospice will employ a Medical Director who holds a current license in the state; is preferably Board Certified in a related specialty; and who, on the basis of training, experience, and interest, is knowledgeable about the psychosocial and medical aspects of hospice care. The Medical Director's duties will be identified in a job description. Evaluation will be done annually as a member of the hospice interdisciplinary group.

The hospice Medical Director will provide oversight of physician services by complementing attending physician care, acting as a medical resource to the interdisciplinary group, assuring continuity of hospice medical services, and assuring appropriate measures to control patient symptoms.

The hospice Medical Director/hospice team physician (physician designee) will be either a part- or full-time employee of the hospice, or have a contract with the hospice outlining his/her responsibilities.

The hospice team physician (physician designee) is available whenever the hospice Medical Director is unable to perform his/her duties due to illness, vacation or upon request.

The duties and responsibilities of the Medical Director will include, but not be limited to, the following:

1. Overall responsibility for the medical component of hospice patient care program
  2. Consulting with attending physicians, if requested, regarding pain and symptoms management for hospice patients; when attending physician is not available, may function as the designee physician
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3. Reviewing patients' medical eligibility for hospice services, in accordance with hospice program policies and procedures, and establishing the plan of care in conjunction with attending physician and interdisciplinary group prior to providing care, including written certification of terminal illness
  4. Acting as medical resource to the hospice interdisciplinary group
  5. Serving as a hospice champion – promoting and representing the program to physicians, physician groups, discharge planners, other referral sources, community health organizations, and potential donors, as appropriate
  6. Reviewing and updating the plan of care every 15 days, or more frequently as needed in conjunction with the attending physician and interdisciplinary group
  7. Providing written certification of the terminal illness including a short clinical narrative for all subsequent benefit periods and provide a face-to-face encounter visit with patient prior to third hospice benefit period and subsequent benefit periods
  8. Providing training regarding the medical aspects of caring for terminally ill patients to Integrity Hospice and its affiliated physicians, personnel, and volunteers
  9. Acting as primary physician for patients whose referring physicians desire to relinquish that care and/or if the referring physicians are not available for further contact
  10. Managing oversight of the patient's medications and treatments
  11. Attending interdisciplinary group meetings and working in a team approach with the group
  12. Documenting care provided in the patient's clinical record, providing evidence of progression of the end-stage disease process
  13. Maintaining current knowledge of the latest research and trends in hospice care and pain/symptom management
  14. Participating in the development and updating of patient care policies and emergency procedures
  15. Participating in performance improvement activities
  16. Acting as a liaison to community physicians by providing consultation and education to colleagues and attending physicians related to admission criteria for hospice and palliative care
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17. Reviewing and developing protocols for treatment, and proposing the most current options for interventions
  18. Demonstrating knowledge in communications, and counseling patients and family/ caregivers dealing with end-of-life issues
  19. Participating in resolution of interpersonal conflict and issues of clinical and ethical concern
  20. Being routinely available on a 24-hour basis to meet the general medical needs of the hospice patient to the extent the needs are not met by the attending physician
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