



TRANSITIONS HEALTHCARE – PA Administrative Manual

Physician By-Laws

All residents will be admitted to the service of a physician currently licensed to practice in the states of Pennsylvania who has admitting privileges at an accredited hospital in the state of Pennsylvania. The attending physician will be responsible for meeting all state and federal guidelines pertaining to care for nursing home residents. Transitions Healthcare does not discriminate against any person on basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment.

Responsibilities of Attending Physicians

- 1) General Responsibilities: The attending physician shall:
 - a) Provide the facility with copies of his/her medical license, State and Federal narcotics licenses, and with a copy of the certificate of insurance of his/her malpractice insurance policy. It is the responsibility of the attending physician to send updated copies of these documents to the facility. Attending physicians are obligated to notify the facility of significant changes in their license, change in status of hospital privileges, malpractice situations, or identified as having been excluded from the Medicare and Medicaid Programs. Further credentialing will be done by the facility.
 - b) Work collaboratively with the facility's Nurse Practitioner (if particular facility employs a Nurse Practitioner).
 - c) Participate in Performance Improvement of medical services within the facility. The Medical Director shall audit a percentage of each physician's patients including a sample of records of patients who died in the facility to ensure the quality of medical practice within the facility. These audits will be blinded to everyone except the Medical Director and specific attending physician. The attending physician is expected to participate in the review of the audit results for his/her residents as deemed appropriate. The Medical Director will retain these audits in a confidential file.
 - d) Comply with standards identified in Transitions HealthCare's Ethics and Compliance Plan.

- 2) General Resident Related Responsibilities: The attending physician shall:

- a) Serve as a functional member of an interdisciplinary team of nurses, dietitians, social workers, therapists, and other paramedical professionals that integrates the total program of care.
- b) Transfer a resident to another physician only with the approval of the Administrator and the Medical Director and after notice to the resident or their responsible party. The attending physician must continue to provide all necessary medical care and services pending transfer until another physician has accepted responsibility for the resident.
- c) The attending physician must inform the resident or health care agent of his/her medical condition and must document in the medical record that this was done. If there is reason for not informing the resident this too must be documented and explained. The physician shall review and approve each program of care for the resident.
- e) It is the goal of the facility to be a “restraint free” facility. Restraints may not be ordered until all least restrictive measures have been done. A restraint order may not be written as a “prn” order.
- f) Attending physicians are expected to use psychoactive medicines only when necessary for well being, emotional comfort, or safety of the resident. The use of these medicines is to be closely monitored. Frequent attempts at reducing doses or at discontinuing these medicines will be requested. Psychiatric evaluation and consultation will be a part of the interdisciplinary team approach to care.
- g) In the event of an urgent situation or an incident requiring immediate attention, the attending physician will be called. If the physician does not respond after two calls, 15 minutes apart, the Medical Director will be called for instructions. If the Medical Director cannot be reached immediately, the nurse will call 911 and send the resident to the hospital.

3) Responsibilities for Resident Care: The attending physician shall:

- a) Provide the following information about a resident to be admitted: the diagnoses, the prognosis, the current medical findings, a summary of the present treatment, the rehabilitation potential, and the orders for the immediate care of the resident.
- b) The attending physician must give medication orders at the time of admission. The following categories of orders must be addressed:
 - i) Diagnosis and prognosis
 - ii) Level of care
 - iii) Objectives and goals for continuing care
 - iv) Activity level
 - v) Diet
 - vi) Medications
 - vii) Evaluations (e.g. P.T., O.T., Speech Therapy, Audiology)
 - viii) Consultations (e.g. Podiatry, Dentistry, Psychiatry)
 - ix) Diagnostic screening tests (e.g. drug levels)
 - x) Laboratory studies
 - xi) Resuscitation directives, if known

- c) The attending physician must assess a new admission within 48 hours of admission depending on:
 - i) The individual's medical stability;
 - ii) Recent and previous medical history;
 - iii) Presence of significant or previously unidentified medical conditions; or
 - iv) Problems that cannot be handled readily by phone.
 - d) Seek, provide, and analyze needed information regarding a resident's current status, recent history, and medication and treatments, to enable safe, effective continuing care and appropriate regulatory compliance;
 - e) At the time of admission the physician must also perform and record a physical examination, unless that same physician has already done so within 5 days prior to admission. A copy of that earlier examination report must be available to the facility at that time.
 - f) Provide appropriate information and documentation to support a facility-determined level of care for a new admission; and
 - g) Provide for the authorization of admission orders in a timely manner to enable the facility to provide safe, appropriate, and timely care.
- 4) Transfer or Discharge of a Resident: When a resident is discharged or transferred the attending physician shall:
- a) Follow-up as needed with a physician or another health care practitioner at a receiving hospital within 24 hours of transfer of an acutely ill or unstable resident;
 - b) Provide whatever summary or documentation may be needed at the time of transfer to enable care continuity at a receiving facility and to allow the nursing facility to meet its legal, regulatory, and clinical responsibilities for a discharged individual; and
 - c) Provide a pertinent medical discharge summary within 30 days of discharge or transfer of the resident.
- 5) On-Site Visits: Responsibilities for periodic, pertinent on-site includes:
- a) The attending physician, with a few exceptions, must see residents at least every 30 days. Medical reasons may mandate more frequent visits. The Medical Director must approve exceptions to the 30-day visit schedule.
 - b) Determine the progress of each resident's condition at the time of a visit by evaluating the resident, talking with staff as needed, and reviewing relevant information, as needed;
 - c) Review and respond to issues requiring a physician's expertise, including:
 - i) The resident's current condition;
 - ii) The status of any acute episodes of illness since the last visit;
 - iii) Test results;
 - iv) Other actual or high-risk potential medical problems that may affect the individual's functional, physical, or cognitive status; and
 - v) Staff, resident, or family questions regarding the individual's care and treatments

- d) At each visit, provide a legible progress note in a timely manner for placement on the chart, which includes relevant information about significant ongoing, active, or potential problems, including:
 - i) Reasons for changing or maintaining current treatments or medications; and
 - ii) A plan to address relevant medical issues.
 - e) At least once a month, the pharmacist will review each resident's medications and make any recommendations for change in writing to the Director of Nursing and the attending physician. All medications must be accompanied by proper documentation, diagnosis, and laboratory work, if indicated.
 - i) The physician is responsible for responding to the recommendations by the pharmacist in the physician's progress notes or "pharmacist recommendations sheet."
- 6) Appropriate Care of Residents: The attending physician shall:
- a) Perform accurate, timely, and relevant medical assessments;
 - b) Properly define and describe resident symptoms and problems, clarify and verify diagnoses, relate diagnoses to resident problems, and help establish a realistic prognosis and care goals;
 - c) In consultation with the facility staff:
 - i) Determine appropriate services and programs for a resident, consistent with diagnoses, condition, prognosis, and resident wishes;
 - ii) Ensure that treatments are medically necessary and appropriate in accordance with nursing facility regulatory requirements; and
 - iii) Manage and document ethics issues consistent with relevant laws and regulations and with residents' wishes, including advising residents and families about formulating advance directives or other care instructions and helping identify individuals for who aggressive medical interventions may not be indicated;
 - d) Respond in an appropriate time frame, based on protocol, to emergency and routine notification, to enable the facility to meet its clinical and regulatory obligations;
 - e) It is the responsibility of the attending physician to respond in timely manner to a call from the facility regarding his resident's needs. The facility is compelled to notify the physician about:
 - i) Any fall or injury
 - ii) Any change of status causing the nurse to suspect illness or an impending medical problem
 - iii) Abnormal laboratory test results, panic-level laboratory test results requiring an immediate return call and any emergency situation or acute illness
 - iv) An emergency situation or acute illness
 - f) Respond to notification of laboratory and other diagnostic test results in a timely manner, based on the resident's condition and clinical significance of the results;

- g) Analyze the significance of abnormal test results that may reflect important changes in the resident's status and explain the medical rationale for interventions or decisions not to intervene based on those results;
 - h) The attending physician must initial all laboratory and x-ray reports, and all consultation and other reports or documents that are significant in his/her care of the resident. By initializing these reports, the physician is indicating that he/she has seen, read, and interpreted them.
 - i) Respond promptly to notification of, and assess and manage adequately, report acute and other significant clinical condition changes in resident; and
 - j) Ensure that individuals receiving palliative care have appropriate comfort and supportive care measures.
- 7) Appropriate, Timely Medical Orders: The attending physician is responsible for appropriate, timely medical orders. The attending physician shall:
- a) Provide timely medical orders based on an appropriate resident assessment, review of relevant pre-admission and post-admission information, and age-related and other pertinent risks of various medications and treatment;
 - b) Provide sufficiently clear, legible written medication orders to avoid misinterpretation and potential medical errors, including:
 - i) Medication strength and formulation, if alternate forms are available;
 - ii) Route of administration;
 - iii) Frequency and, if applicable, timing of administration; and
 - iv) Reason for which the medication is being given; and
 - c) Institute safeguards to ensure the accuracy of verbal orders at the time the verbal orders are given and cosign the verbal orders in a timely fashion, but not later than the next visit to the resident.
 - d) All orders for medication must include the condition for which the medication is prescribed. All orders for medication will be in effect for a specified period of time, as stated in the order.
 - e) A telephone order is considered in writing if signed with the name of the physician per the name of the authorized person to whom the order was dictated. The physician giving the order will accept full responsibility for the treatment being rendered his/her resident. The physician must countersign and date the order during the next visit.
 - f) It is preferred that orders for withholding treatment, such as "DNR" orders not be verbal or telephone orders. This type of order may be faxed to the facility if needed prior to the next visit.
 - g) It is the attending physician's responsibility to procure consulting medical and dental services when the resident required these services. Consultant orders or recommendations require confirmation by the attending physician. It is the attending physician's responsibility to acknowledge the consultant's recommendations in a timely manner.

- h) The attending physician must order rehabilitation therapy treatment plans before treatment can be initiated and before becoming part of the permanent record.

- 8) Documentation: The attending physician is responsible for appropriate, timely, and pertinent documentation. The attending physician shall:
 - a) Provide documentation required to explain medical decisions, that promote effective care and allow the nursing facility to comply with relevant legal and regulatory requirements; and
 - b) Complete death certificates in a timely fashion, including all information required of a physician by state law and regulation.
 - c) Attention must be paid to advance directives, discussions with family members, information about health care decisions and about the appointment of a health care agent. The presence of a Living Will, Durable Power of Attorney, and Advance Directives should be noted.
 - d) It is the physician's responsibility to complete necessary paperwork and close medical records of deceased or discharged residents within 30 days.

- 9) Adequate, Ongoing Coverage: Attending physicians are required to provide medical care to their residents on a 24-hour basis. The attending physician shall:
 - a) Designate an alternate physician or physicians who shall respond in an appropriate, timely manner if the attending physician is unavailable;
 - b) The designated alternate physician is to be credentialed by Transitions HealthCare;
 - c) The attending physician shall update the facility about the attending physician's current office address, phone, fax, and pager numbers to enable appropriate, timely communications, as well as the current office address, phone, fax, and pager numbers of designated alternate physicians;
 - d) The attending physician shall help ensure that alternate physicians provide adequate, timely support while covering and intervene with alternate physicians when informed of problems regarding coverage; and
 - e) Adequately inform alternate physicians about residents with active acute conditions or potential problems that may need medical follow-up during their on-call time