

ROLE OF THE MEDICAL DIRECTOR IN THE NURSING HOME¹

Executive Summary

Nationwide, nursing facility care is changing to include not only long-term care of frail residents but also complicated and resource-intensive post-hospital care. The population of people receiving care in nursing facilities is more medically complex as patients are discharged 'sicker and quicker' from the hospital to skilled nursing facilities and the hospitals focus on decreasing readmission rates. However, the majority of patients are still long term stay patients who themselves have increased in medical complexity and acuity. Both of these imperatives have resulted in an increased need for highly trained and committed, health care practitioners willing to provide care on-site to nursing facility residents.

The 2001 Institute of Medicine report *Improving the Quality of Long Term Care* urged facilities to give medical directors greater authority and hold them more accountable for medical services. The report further states that nursing homes should develop structures and processes that enable and require a more focused and dedicated medical staff responsible for patient care. These organizational structures should include credentialing, peer review, and accountability to the medical director (Institute of Medicine 2001, 140). These concepts were considered when the Centers for Medicare & Medicaid Services revised the Surveyor Guidance related to F-Tag 501 (Medical Director) in 2005.

The New York State Department of Health initiated and convened a workgroup of stakeholders in June of 2010 to address these issues with the goal of improving health outcomes and quality of life for nursing home residents by strengthening medical direction and medical care.

The charge to the workgroup was:

Improve health outcomes and quality of life for nursing home residents by strengthening medical direction and medical care through the provision of written guidance and model policies and procedures for:

- (1) Credentialing;
- (2) The role, responsibilities and accountabilities of medical directors; and
- (3) The role, responsibilities and accountabilities of attending physicians, nurse practitioners and physicians' assistants.

Various stakeholders were called upon to help with this process. They included representation from the following organizations: New York Association of Homes and Services for the Aged (NYAHSA), The New York State Health Facilities Association, Inc. (NYSHFA), Healthcare Association of New York State (HANYS), Continuing Care Leadership Coalition (CCLC), Medical Society of the State of New York (MSSNY), The American Geriatrics Society (AGS), The American Medical Directors Association (AMDA), The New York Medical Directors Association, and SUNY Albany School of Public Health, as well as physicians and nursing home administrators with rural (upstate) and urban (downstate) experience.

After consideration of the multiple issues and factors involved in the way medical care was currently being provided in nursing homes in New York State, consideration of the current research in the field, an exhaustive nationwide search of practices in other states, as well as holding its own medical culture change workshops and affinity exercises, the workgroup defined the new desired actions, beliefs and culture of medical care in the nursing home in order to develop these model best practice guidelines for medical directors, attending physicians and physician extenders. The following is an outline of the guideline for the medical director.

ROLE OF THE MEDICAL DIRECTOR IN THE NURSING HOME

- A. Introduction**
- B. General Principles**
- C. Medical Director Training**
- D. Medical Director, Quality Assurance and Quality Improvement**
- E. Survey Considerations**
- F. The Assistant or Associate Medical Director**
- G. Certified Medical Director (CMD)**
- H. Credentialing**
- I. Roles, Functions and Tasks**
 - a. Roles**
 - b. Functions and Tasks**
- J. Facility Responsibilities**
- K. Conclusions**

ROLE OF THE MEDICAL DIRECTOR IN THE NURSING HOME

A. Introduction

Nationwide, nursing facility care has been changing over the last 10 years from primarily long-term care of frail elders to complicated and resource-intensive post-hospital care. The population of people receiving care in nursing facilities is more medically complex as patients are discharged ‘sicker and quicker’ from the hospital to skilled nursing facilities. However, the majority of patients are still long-term stay patients who themselves have also had increased complexity and acuity. Both of these changes have resulted in an increased need for highly trained, committed and available health care practitioners willing to provide care on-site to nursing facility residents.

In recognition of the increased need of physician services for nursing facility residents and the vital role that physicians must play in both providing and overseeing care to nursing facility residents, The Nursing Home Reform Act (“OBRA ’87”) strengthened the requirement for physician medical directors in nursing facilities and ascribed specific responsibilities to them. As long-term care has assumed a more essential role in the care of recently hospitalized Medicare beneficiaries and as expectations for quality nursing facility care have risen, the importance of physicians and other health care practitioners in long-term care settings has been reaffirmed.

The 2001 Institute of Medicine report *Improving the Quality of Long Term Care* urged facilities to give medical directors greater authority and hold them more accountable for medical services. The report further states that nursing homes should develop structures and processes that enable and require a more focused and dedicated medical staff responsible for patient care. These organizational structures should include credentialing, peer review, and accountability to the medical director (Institute of Medicine 2001, 140). These concepts were considered when the Centers for Medicare & Medicaid Services revised the Surveyor Guidance related to F-Tag 501 (Medical Director) in 2005.

Many clinically based *Interpretative Guidelines* associated with various F-tags (for example 309, 314, 315, 323, 325, 329 and others) imply the medical director’s oversight and responsibility roles as they pertain to quality assurance and quality improvement, but are not clearly delineated as to extent, methods, or authority. The medical director’s broad mandate affects the quality of life of residents in all areas affected by medical care. Within this mandate, the provision of quality medical care in a resident-centered environment includes, among others, the optimizing of the most practicable level of resident functioning, addressing nutritional needs and maintaining dignity of the residents. All resident care policies aimed at providing medical care fall into this purview consistent with federal regulations. Thus, the role of the medical director is vital in promoting quality in the long-term care facility.

B. General Principles

The facility shall designate a full-time or part-time physician to serve as medical director. The medical director shall be responsible for:

- Implementing resident medical care policies;
- Coordinating physician services and medical care in the facility;
- Coordinating the review, prior to granting or renewing professional privileges or association, of any physician, dentist or podiatrist;
- Assuring that each resident's responsible physician attends to the resident's medical needs, participates in care planning, follows the schedule of visits maintained in accordance with 10 NYCRR 415.15, and complies with facility policies; and
- Collaborating with the health care team including the pharmacist, dentist and other clinical consultants.

The intent of these principles is that:

- The facility has a licensed physician who serves as the medical director to coordinate medical care in the facility and provide clinical guidance and oversight regarding the implementation of resident care policies;
- The medical director collaborates with the facility leadership, staff, and other practitioners and consultants to help develop, implement and evaluate resident care policies and procedures that reflect current standards of practice;
- The medical director helps the facility:
 - Assess the current resident population and identify current programmatic and educational needs; and
 - Develop new clinical programs as the resident population change; and
- The medical director helps the facility identify, evaluate, and address/resolve medical and clinical concerns and issues that:
 - Affect resident care, medical care or quality of life; or
 - Are related to the provision of services by physicians and other licensed health care practitioners.

C. Medical Director Training

These guidelines endorse the appropriate training and education of all physician medical directors working in long-term care settings. As such, it is encouraged that long-term care facilities, administrators, owners and operators support their medical directors to seek and to obtain continuing professional education in medical direction and long-term care medicine in order to better carry out their various professional roles and responsibilities.

D. Medical Director, Quality Assurance and Quality Improvement

A facility is required by the nursing home reform provisions of the Omnibus Reconciliation Act (OBRA) of 1987 to have at least a quarterly meeting to address the facility's quality assurance activities. The medical director should take a leadership role on this committee in order to enhance his/her awareness of issues of quality and general trends in resident care within the facility.

The medical director should help the facility establish a relevant medical quality assurance program and help to implement an appropriate facility-wide quality improvement (QI) program that covers clinical and operational issues. The medical

director should help the facility identify appropriate areas for review and data for collection; review and analyze this information; make recommendations to the administrator and director of nursing to help improve care and operational issues; and participate in problem-solving efforts. The development of monitoring systems can utilize available tools developed internally by the facility or from external sources, such as dashboards, statistical process control, root cause analysis and other proven quality improvement methods.

The medical director should assist in directing and participate in the QI process by:

- Assessing and evaluating, on a regular basis, the overall process and identifying the high risk, high volume resident care issues related to quality of care, quality of life, safety, and environmental concerns; and
- Working on subgroups for infection control, therapeutic medication management and nurse/physician unit issues.

The medical director should also be familiar with the facility's process of performance of the Resident Assessment Instrument (RAI) system, which includes gathering Minimum Data Set (MDS) data, developing care plans and reviewing the quality indicators/quality measures as a part of the ongoing quality assurance activities.

Thus, collaborating with the director of nursing, the administrator and other health professionals, medical directors should assist in developing formal patient care policies on quality of care that:

- Help the facility establish systems and methods to review and provide appropriate feedback on the quality of clinical care and other health-related services;
- Help the facility provide a safe and caring environment;
- Provide guidance as to specific expectations for performance of physicians and other health care practitioners;
- Help the facility ensure that a system is in place for monitoring the performance of health care practitioners; and
- Facilitate feedback to all practitioners on performance and practices.

Medical directors have an essential role in promoting quality and performance improvement within a long-term care facility. As a technical expert and leader in the formal program of quality assurance a medical director has the opportunity to emphasize the importance of the overall process. Independent of the regulatory requirement, staff education and buy-in for quality improvement is fundamental to improving and maintaining quality of care in the long-term care facility. A committed medical director can have a significant positive impact on facility culture and sense of staff professionalism, which in turn directly influences the quality of all services provided to all of the residents and families.

E. Survey Considerations

The medical director is in a position, because of his/her roles and functions, to provide input to surveyors on physician issues, individual residents' clinical issues and the facility's clinical practices. The text "Medical Direction in Long Term Care" asserts that:

"The medical director has an important role in helping the facility deal with regulatory and survey issues...the medical director can help ensure that appropriate systems exist to facilitate good medical care, establish and apply good monitoring systems and effective documentation and follow up of findings, and help improve physician compliance with regulations, including required visits. During and after the survey process, the medical director can clarify for the surveyors clinical questions or information about the care of specific residents, request surveyor clarification of citations on clinical care, attend the exit conference to demonstrate physician interest and help in understanding the nature and scope of the facility's deficiencies, and help the facility draft corrective actions." The medical director should be part of the overall survey process by having a general and specific knowledge of the regulations and F-Tags specific to their direction but also associated with Quality of Care and Quality of Life issues.

Compliance for F501 may include (but is not limited to) the facility and medical director:

- Coordinating and evaluating the medical care within the facility, including the review and evaluation of aspects of physician care and practitioner services;
- Identifying, evaluating and addressing health care issues related to the quality of care and quality of life of residents;
- Assuring that residents have primary attending and backup physician coverage;
- Assuring that physician and health care practitioner services reflect current standards of care and are consistent with regulatory requirements;
- Addressing and resolving concerns and issues between the physicians, health care practitioners and facility staff;
- Resolving issues related to continuity of care and transfer of medical information between the facility and other care settings;
- Reviewing individual resident cases, as warranted, to evaluate quality of care or quality of life concerns or other problematic situations and taking appropriate steps to resolve the situation as necessary and as requested;
- Reviewing, considering and/or acting upon consultant recommendations that affect the facility's resident care policies and procedures or the care of an individual resident, when appropriate;
- Discussing and intervening (as appropriate) with the health care practitioner about medical care that is inconsistent with applicable current standards of care; and
- Assuring that a system exists to monitor the performance and practices of the health care practitioners.

F. The Assistant or Associate Medical Director

Due to the expanded role of medical director, some facilities or organizations have identified a need for an assistant or associate medical director. The assistant or associate medical director should be a physician who has knowledge and skills comparable to those of the medical director.

G. Certified Medical Director (CMD)

The American Medical Directors Certification Program's (AMDCP) Certification in Medical Direction (Certified Medical Director in Long Term Care - CMD) recognizes the dual clinical and managerial roles of the medical director. The CMD credential reinforces the leadership role of the medical director in promoting quality care and offers an indicator of professional competence to long-term care providers, government, quality assurance agencies, consumers and the general public.

In addition, as the Certification in Medical Direction has been shown to be clearly beneficial to residents of long-term care facilities, physician medical directors in long-term care should be encouraged to have as a professional career goal to seek and obtain sufficient training to ultimately qualify for AMDCP Certification in Medical Direction.

H. Credentialing

The medical director helps coordinate and evaluate the medical care within the facility by reviewing and evaluating aspects of physician care and practitioner services and helping the facility identify, evaluate and address health care issues related to the quality of care and quality of life of residents. The medical director should establish a framework for physician participation and physicians should believe that they are accountable for their actions and their care.

Medical directors should provide guidance in the development and implementation of policies on oversight, feedback and review of attending physician services, including those situations when the medical director is the attending physician. All such performance reviews would be conducted under the auspices of the quality assessment and assurance process. These performance reviews may include physician behaviors in the facility, such as visitation practices, assuring not only timeliness, but also physician responsiveness to changes in resident conditions. This requires open communications with facility staff. The medical director should give practitioners pertinent information that includes information from evidence-based literature in medicine, geriatrics and long-term care medicine.

The medical director shall:

- Provide for the maintenance and continuous collection of information concerning the facility's experience with negative health care outcomes and incidents injurious to residents, resident grievances, professional liability premiums, settlements, awards and costs incurred by the facility for resident injury prevention and safety improvement activities;
- Periodically reconsider the credentials, physical and mental capacity and competency in delivery of health care services of all physicians, dentists or podiatrists and other practitioners who are employed by or associated with the facility;
- Gather information concerning individual physicians, dentists and podiatrists within the individual physician's, dentist's or podiatrist's personnel file maintained by the facility; and

- Prior to renewal of privileges of physicians, dentists or podiatrists and other practitioners, solicit and consider information provided by the Resident Council about each such practitioner.

I. Roles, Functions and Tasks

The position of the nursing facility medical director can be identified in terms of the Role, Functions and Tasks hierarchy:

- Role: the set of behaviors that an individual within an organization is expected to perform and feels obligated to perform.
- Functions: the major domains of activity within a role.
- Tasks: the specific activities that are undertaken to carry out those functions.

a. Roles

In defining the role of the medical director, it is important to begin with a framework that identifies core principles. This framework is based on functions related to providing high quality of care to the individuals served. These functions include providing input into the clinical policies governing the organization or facility, supervising the medical staff, reviewing and participating in quality assurance activities, and directly overseeing clinical safety and risk management.

The medical director is involved at all levels of individualized patient care and supervision, and for all persons served by the facility. The medical director serves as the clinician who oversees and guides the care that is provided, a leader to help define a vision of quality improvement, and an operations consultant to address day-to-day aspects of organizational function.

The four key roles of the long-term care medical director are:

- Role 1—Physician Leadership
The medical director serves as the physician responsible for the overall care and clinical practice carried out at the facility.
- Role 2—Patient Care-Clinical Leadership
The medical director applies clinical and administrative skills to guide the facility in providing care.
- Role 3—Quality of Care
The medical director helps the facility develop and manage both quality and safety initiatives, including risk management.
- Role 4—Education, Information, and Communication
The medical director provides information that helps others (including facility staff, practitioners, and those in the community) understand and provide care.

The degree to which these roles are expressed will vary from facility to facility due to size, resources, time allocation and facility strategic plan. These guidelines provide a “menu” of tasks identified to aid the creation of a center of excellence. Each facility administrative team (medical director, director of nursing services, administrator) should determine the “menu of tasks” the medical director will perform. These tasks could be

included in the medical director's job description and monitored for implementation and outcome via the quality assurance /performance improvement facility process. AMDA has provided an approved set of functions and tasks which offer an opportunity to do this.

b. Functions and Tasks

Although individual job duties may vary among organizations, there are basic, universally relevant functions that are embedded in the overarching roles. The functions represent the foundation for developing the individual medical director's tasks. However, the relevance and nature of some tasks may vary; for example, due to different patient populations or facility requirements. It is useful, though, to delineate essential tasks that all medical directors should perform. The manner in which different medical directors perform the various tasks may vary and there also may be other tasks those certain facilities or medical directors may wish to pursue. The functions are:

- **Function 1—Administrative**
The medical director participates in administrative decision making and recommends and approves relevant policies and procedures.
- **Function 2—Professional Services**
The medical director organizes and coordinates physician services and the services provided by other professionals as they relate to patient care.
- **Function 3—Quality Assurance and Performance Improvement**
The medical director participates in the process to ensure the quality of medical care and medically related care, including whether it is effective, efficient, safe, timely, patient-centered, and equitable.
- **Function 4—Education**
The medical director participates in developing and disseminating key information and education.
- **Function 5—Employee Health**
The medical director participates in the surveillance and promotion of employee health, safety, and welfare.
- **Function 6—Community**
The medical director helps articulate the long-term care facility's mission to the community.
- **Function 7—Rights of Individuals**
The medical director participates in establishing policies and procedures for assuring that the rights of individuals (patients, staff, practitioners, and community) are respected.
- **Function 8—Social, Regulatory, Political, and Economic Factors**
The medical director acquires and applies knowledge of social, regulatory, political, and economic factors that relate to patient care and related services.
- **Function 9—Person-Directed Care**
The medical director supports and promotes person-directed care.

Tasks are the specific activities that are undertaken to carry out these functions. The tasks for each function are described below.

Function 1—Administrative

- Task 1 The medical director communicates regularly with the administrator, the director of nursing and other key decision makers in the nursing home and provides leadership needed to achieve medical care goals.
- Task 2 The medical director participates in the development and periodic evaluation of care-related policies and procedures.
- Task 3 The medical director guides and advises the facility's committees related to quality assurance/performance improvement, pharmacy, infection control, safety, staff and human resources and medical care
- Task 4 The medical director participates in licensure and compliance surveys and interacts with outside regulatory agencies.
- Task 5 The medical director informs medical staff about relevant policies and procedures, including updates.
- Task 6 The medical director collaborates with the administrator to identify a job description that clearly defines the medical director's roles and functions in the facility.

Function 2 -Professional Services

- Task 1 The medical director organizes, coordinates, and monitors the activities of the medical staff and helps ensure that the quality and appropriateness of services meets community standards.
- Task 2 The medical director helps the facility arrange for the availability of qualified medical consultative staff and oversees their performance.
- Task 3 The medical director assures coverage for medical emergencies and participates in decisions about the facility's emergency equipment, medications and supplies.
- Task 4 The medical director collaborates with the DON and other clinical managers to help ensure that practitioners in the facility have adequate support from staff to assess and manage the patients (e.g., when they are making patient rounds or responding to calls about changes in condition).
- Task 5 The medical director develops and periodically reviews and revises, as indicated, policies that govern practitioners in the facility other than physicians, including physician assistants and nurse practitioners; and guides the facility regarding the professional qualifications of other staff related to clinical decision making and the provision of direct care.
- Task 6 The medical director guides the administrator in documenting the credentials of the facility's practitioners.
- Task 7 The medical director collaborates with the facility to hold practitioners accountable for their performance and practice, including corrective actions as needed.

Function 3—Quality Assurance and Performance Improvement

- Task 1 The medical director participates in monitoring and improving the facility's care through a quality assurance and performance improvement program that encourages self-evaluation, anticipates and plans for change, and meets regulatory requirements.
- Task 2 The medical director applies knowledge of state and national standards for nursing home care to help the facility meet applicable standards of care.
- Task 3 The medical director monitors physician performance and practice.
- Task 4 The medical director helps ensure that the facility's quality assurance and performance improvement program addresses issues that are germane to the quality of patient care and facility services.

- Task 5 The medical director helps the facility use the results of its quality assurance and performance improvement program findings, as appropriate, to update and improve its policies, procedures and practices.
- Task 6 The medical director participates in quality review of care, including (but not limited to) areas covered by regulation (e.g., monitoring medications and laboratory).
- Task 7 The medical director sets an overall culture of quality with person-centered care as a primary value.

Function 4—Education

- Task 1 The medical director sustains his or her professional development through self-directed and continuing education.
- Task 2 The medical director helps the facility educate and train its staff in areas that are relevant to providing high quality patient care.
- Task 3 The medical director serves as a resource regarding geriatric medicine and other care-related topics, and helps the staff and practitioner identify and access relevant educational resources (e.g., books, periodicals and articles).
- Task 4 The medical director informs attending physicians about policies and procedures and state and federal regulations, including updates.

Function 5—Employee Health

- Task 1 The medical director helps the facility foster a sense of self-worth and professionalism among employees.
- Task 2 The medical director advises the facility about infectious disease issues related to employees, as well as preventative health maintenance programs, e.g., immunizations.

Function 6—Community

- Task 1 The medical director helps the facility identify and utilize collaborative approaches to health care, including integration with community resources and services and problem solving issues across the health continuum.

Function 7—Rights of Individuals

- Task 1 The medical director helps the facility ensure that its policies and practices reflect and respect residents' rights, including the opportunity for self-determination; e.g., via tools such as living wills and durable powers of attorney.
- Task 2 The medical director helps the facility ensure that the ethical and legal rights of residents (including those who lack decision-making capacity, regardless of whether they have been deemed legally incompetent) are respected. This includes the right of residents to request practitioners to limit, withhold or withdraw treatment(s).
- Task 3 If applicable, the medical director should participate in the facility ethics committee.
- Task 4 The medical director helps the facility accommodate the resident's choice of an attending physician.

Function 8—Social, Regulatory, Political and Economic Factors

- Task 1 The medical director helps the facility identify and provide care that is consistent with applicable social, regulatory, political and economic policies and expectations.
- Task 2 The medical director helps the facility identify, interpret and comply with relevant State and Federal laws and regulations.

Function 9—Person-Directed Care

In addition to the following tasks, many of the tasks covered under the other functions relate directly or indirectly to the provision of person-directed care.

- Task 1 The medical director oversees clinical and administrative staff, to help maintain and improve the quality of care including the success of person-directed care and patient and family satisfaction with all aspects of the care.
- Task 2 The medical director guides the physicians and other health care professionals and staff to provide person-directed care that meets relevant clinical standards.
- Task 3 The medical director collaborates with facility leadership to create a person-directed care environment while maintaining standards of care.

J. Facility Responsibilities

The facility should:

- Encourage and facilitate active medical direction by the medical director.
- Clearly delineate, to the medical director, the particular functions and tasks of medical direction that apply in the facility, especially those that may go beyond regulatory minimums.
- Actively involve the medical director in the quality assurance/quality improvement process in the facility, including consideration of requiring the medical director to be the physician member of the quality assurance committee.
- Make available to medical directors quality improvement tools and resources to include potential reports that are available and identify data needed for effective decision-making.
- Make available to medical directors as well as to other members of the interdisciplinary team, quality improvement education.
- Actively involve the medical director in policy decision-making, especially as concerns medical care policies.
- Look to the medical director for advice on day-to-day medical care issues and concerns.
- Look to the medical director for advice on overall facility strategic planning.
- Look to the medical director for guidance on how to bring education to the facility concerning current standards of medical practice.
- Understand the value that an educated medical director can bring to the facility.
- Appropriately remunerate the medical director for performing the functions and tasks of medical direction.
- Support the medical director in his or her educational endeavors to fulfill the role of medical direction, including obtaining the Certification in Medical Direction credential.

K. Conclusions

The regulatory requirements for medical direction of: (1) implementation of resident care policies, and (2) the coordination of medical care, are all-encompassing and somewhat non-specific, notwithstanding the guidance given in the State Operation Manual's Interpretive Guidelines. Medical directors can and should play a pivotal role in the care

that is given to residents of long-term care facilities. The importance of the medical director's leadership in the realms of quality assurance, quality improvement, medical care and credentialing cannot be overstated. The medical director can and should become an asset to help a facility attain the goal of becoming a center of excellence in long-term care. Thus, it is as much the facility's responsibility as it is the medical director's, to further this process in order to provide the mechanism to facilitate appropriate medical direction. These guidelines offer an attempt to do so.

¹ These guidelines were developed by The Medical Direction and Medical Care Work Group, a group of non-government stakeholders convened by the NYS Department of Health. The Work Group developed the guidelines over the course of a year from June, 2010 to May, 2011, relying heavily on (and in some cases quoting directly from) resources and publications of the American Medical Directors Association (AMDA), including those listed below. The Executive Directors of both AMDA and its New York affiliate, New York Medical Directors Association (NYMDA), were members of the Work Group. Dr. Jacob Dimant was a member of and Dr. Steven Levenson was a special advisor to the Work Group.

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