

To the Point



From the desk of
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Medical Director Spotlight

Katrina Hess, MD, has been quietly providing leadership in her new role as the medical director in Hays, Kansas.



Since she began a year ago, she has worked with the team to put QAPI into action. She helped them recognize that their rate of prescribing antipsychotic medications to people with dementia was excessive. She has collaborated with her colleagues,

residents' families, staff members and the consultant pharmacist to successfully decrease the rate of antipsychotic use from 19 percent to 13 percent. She credits the [AMDA](#) Training on Dementia and the CMS Hand in Hand Training as a tremendous help to the staff members. She plans to complete the Medical Director Core Curriculum this summer to become a CMD, and enjoys sharing her love of geriatrics with students. Dr. Hess's other passions include spending time with family on their cattle farm and scuba diving.

Clinical Corner

The Society recently participated in [The White House Summit on Antibiotic Stewardship](#). This fascinating day focused on steps to ensure that antibiotics are effective long into the future. All of us must carefully consider how we contribute to antibiotic resistance. The Society is committed to play our part through better monitoring vaccination rates, infection rates and antibiotic usage. We will adopt best practices to make sure those we serve have early access to antibiotics when needed, but that antibiotics are used judiciously, to minimize their very real risks. As medical director, your role supporting these efforts will be critical.

What is a Medical Director?

Failure to understand this seemingly simple question is the source of great frustration between the medical director, nursing home administration, attending physicians and staff members. Simply put, you are the "doctor ministering to the facility". Our health system is evolving to focus on population health and linking reimbursement to quality outcomes, which makes this job more crucial than ever. In addition, the Office of Inspector General is closely monitoring for appropriate use of medical directors. Your administrator will be scheduling time to visit with you about these issues.

Quality Update

INTERACT is a quality improvement program that includes clinical tools and strategies to ensure that changes in resident condition are noticed and acted upon quickly to help prevent unavoidable hospitalizations. There are a couple of key tools:

1. The [Stop and Watch](#) encourages EVERY person – including housekeeping staff members, aides and family members – to fill out a note and give it to a nurse if they notice that a resident is acting differently.
2. The nurse follows up with an assessment structured in [SBAR](#) format (Situation-Background-Assessment-Request) for communication with the medical provider. Please reinforce the importance of following this format.
3. If a resident is transferred, the [QI tool](#) will guide staff members to identify training needs, equipment needs or process improvements critical to providing best care.
4. Upon return from the hospital, a [Medication Reconciliation Tool](#) minimizes adverse outcomes. For more information, check out (<https://interact2.net>).

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