

Clinical UNIT: _____

Medical Director Activity Log

MONTH/YEAR: _____

Due to CMO on 10th of following month- Fax 206/720-3705

| | | Check here (X) |
|--|--|----------------|
| FACILITY OR PROGRAM QUALITY IMPROVEMENT | | |
| 1. | Conduct Quality Improvement and QA/PI per NKC standards/Development and review of action plans | |
| | Review Monthly the Clinical Indicators (described in MAT and NKC monthly report) | |
| | Hold monthly meetings of QA/PI interdisciplinary team. | |
| | Discuss changes to patient outlier Plan of Care with attending nephrologist, as needed | |
| 2. | Review Water Systems | |
| | Review all water logs with FSS and Nurse Manager | |
| | Review the culture and LAL results; develop action plan and correction steps, as needed | |
| | Ensure education of staff and FSS, as indicated | |
| 3. | Oversees that NKC policy and procedures are followed; provide input to policy/procedures as needed | |
| 4. | Participate in review and response to Medicare survey requirements and Network projects. | |
| COORDINATION WITH CLINICAL STAFF | | |
| 5. | Regular contacts with facility Nurse Manager and Clinical Director | |
| 6. | Resource for interdisciplinary team: case manager/nurse educator, social worker, dietician | |
| 7. | Consultant/resource for facility staff and FSS | |
| EDUCATION OVERSIGHT | | |
| 8. | In-services provided to staff. – Amount of Time (in minutes) of the in-service | |
| | ----- -- Topic(s) | |
| INVOLVEMENT WITH NKC ORGANIZATION | | |
| 9. | Attend monthly Medical Director meetings | |
| 10. | Attend NKC medical staff meetings | |
| 11. | Represent NKC program to community/public | |
| OTHER | | |
| 12. | Participate in continuing education related to medical dir role Describe: | |
| 13. | Transit time back/forth from facility and Medical Directors meetings and other NKC meetings | |
| 14. | Telephone and Email time spent on Medical Director duties. | |
| TOTAL HOURS DEVOTED TO MEDICAL DIRECTOR ROLE: | | |

Comments. Describe below other time or duties.

IF NOT ,PLEASE EXPLAIN WHY:

IF NOT, PLEASE EXPLAIN WHY:

PLEASE INDICATE NUMBER OF HOURS

MD Signature / DATE

MD Printed Name