

Clinical Unit: _____

Medical Director Activity Log

Month/Year: _____

Due to CMO Office on the 10th of the following month – Fax to 206/860.5821

		Check here	Comments. Describe below other time or duties.
	FACILITY OR PROGRAM QUALITY IMPROVEMENT		
1.	Conduct Quality Improvement and QA/PI per NKC standards/Development and review of action plans		IF NOT, PLEASE EXPLAIN WHY: IF NOT, PLEASE EXPLAIN WHY:
	Review Monthly the Clinical Indicators (described in MAR 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, dietitian		
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 director 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:		

MD Signature/DATE

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Printed name

