

# Medical Director Orientation

1	Distribute Copy of Directory/Phone List	
2	TOUR of Facility	
3	In-depth conversation and introduction with Organizational Leaders: focus on re-hospitalization rates and strategic Business Plan	
4	Introduction to & review of job responsibilities of key team members (Director of Operations, Administrator, DON, Therapy, Medical Records, etc.)	
5	In-depth conversation on: Therapy Relationship, Therapy Orders, Part B	
6	Introduction to RN Transition Coordinator Roll (where applicable)	
7	Admission Process: Referral of patients, Case load management, orders	
8	Review of facility 12 week focus plans and goals: (Example our census goal is 160 with 30 M&M)	
9	MD/NP Expectations of facility and staff. Facility Expectations of MD/NP	
10	Compliance with Documentation/Utilization Review. Facility regulatory expectations and MD expectations w/ filing of dictations and other documents	
11	Office needs: Space, Computer, Wi-Fi Access, PCC & COMS access, Printer needs	

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12	<b>Preferred Communication Method &amp; After Hour Communication</b>	
13	<b>Rounding Preferences/Schedule: Relationship with MD and mid -level (NP) on rounding and communication on patients</b>	
14	<b>Copy of Current Red, Yellow, Green Card and Clinical Capabilities</b>	
15	<b>Relationship with Local Hospital Systems and other Providers</b>	
16	<b>Preferred Partners for Hospice and Home Health</b>	
17	<b>Preferred Ordering of Supplies, DME, Etc.</b>	
18	<b>Assistance with Coding/Billing</b>	
19	<b>Managed Care Contracts, Requirements and authorizations</b>	
20	<b>Understanding of Pharmacy policies, procedures: orders, fax time lines, delivery time frames, review of formulary drugs/cost, documentation requirements, Back up Pharmacy, Consultant reports, Contract relationship and key contact numbers</b>	
21	<b>Invite MD/NP to weekly 72-hour meetings and Medicare Meetings. Accommodate attendance</b>	

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22	<b>Formalized Meeting Date: Monthly Scheduled meeting to review: Progress, share updates on issues, barriers and Physician Satisfaction (1- 5 Scale: How are we doing? 5-excellent)</b>	
23	<b>Quality Assurance Meeting Dates and Times.</b>	
24	<b>Annual Review of Policy and Procedures</b>	
25	<b>AMDA Membership</b>	
26	<b>Preferred Food/Treats</b>	
27	<b>Networking meetings with Local MD/NPs: See ARMS Manual</b>	

Administrator please sign, date and file once completed

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Signature

\_\_\_\_\_  
Date