

Month, Year of Service

Facility Name

Medical Director Time Log

Provider Name

Physician Leadership

- Provision of medical services
- Review of practitioner coverage
- Assurance that attending physician service meets expectations
- Liaison to other health professionals
- Meeting with Executive Director Director of Nursing Services
- Communication with Corporate Medical Director
- Specialty Unit involvement: _____
- Other: _____

Sub-Total for Month: _____

Clinical Leadership

- Policies and Procedures Review Implementation
- Resident Rights Resident Care Ethical Issues
- Clinical Practices
- Evaluation Approval Implementation
- External Surveys and Inspections
- Participation Review Respond/plan development
- Assume temporary care for residents whose physician is unavailable
- Obtain additional professional health services as need warrants
- Other: _____

Sub-Total for Month: _____

Quality of Care

- Clinical care review
- Quality Assessment and Assurance Meeting
- Resident chart review
- Review of quality assurance activity
- Review incident and accident reports
- Review of:
 - Quality Indicators Quality Measures Sentinel Events
- Promote health, safety and well-being: _____
(Activities)
- Advise on infection control
- Other: _____

Sub-Total for Month: _____

Education, Information and Communication

- Identification of learning opportunities
- Education of:
 - Staff Families Residents
- Communication and Informing:
 - Staff Families Residents
- Facility Representation to:
 - ER Depts. Hospitals Professional Community Lay Community
- Relationships with health care organizations
- Provide up-to-date information impacting long-term care

Sub-Total for Month: _____

To Complete: Please select the activities completed this month and log the total number of hours. Sign, date & submit within 2 business days of the end of the concluding month. May be submitted earlier if facility activity concludes prior to month end. ED signature required to validate hours and activity.

Provider Signature, Date

Total Hours

Executive Director Signature, Date