

Clinical UNIT: _____

Medical Director Activity Log

MONTH/YEAR: _____

Due to CMO on 10th of following month- Fax 206/363-6146

		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