



DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.

**PUBLIC HEALTH ADVISORY**



**Recommendations Regarding Medical Oversight in Long-Term Care Facilities During the COVID-19 Pandemic**

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**Background**

Medical Directors and primary care providers for patients and residents in skilled nursing facilities (SNFs) and residential care facilities for the elderly (RCFEs) have a key role to play in management and patient care during outbreaks of COVID-19.

In Marin County, three out of every four deaths related to COVID-19 are among residents of long-term care facilities. The mortality rate among facility residents infected with SARS-CoV-2 in Marin County residents is approximately twenty percent. Outbreak prevention, early intervention, and appropriate management of infected residents is vital.

SNFs are required to have Medical Directors who act as a liaison between administration and attending physicians; who are responsible for patient care policies and procedures; and who act as a consultant to the director of nursing services in matters relating to patient care services (22 CCR § 72305). While RCFEs are not required to have clinical leadership, Marin County Public Health strongly recommends that RCFE administrators identify and contract with a designated physician lead to support the development and implementation of Facility Mitigation Plans. This clinical leadership is essential to preserve and protect staff and patients

Engagement of Marin County's SNF Medical Directors in COVID-19 response planning and outbreak management has been variable throughout the COVID-19 crisis. SNFs are required to have Facility Mitigation Plans. Marin County Public Health expects SNF Medical Directors to provide clinical oversight for these plans. Medical Directors should also be consulting with administration and attending physicians to support advanced care planning in partnership with patients, families, representatives, and residents' physicians. The absence of meaningful Medical Director engagement is contributing to preventable morbidity and mortality, unnecessary use of the 911 system, and hospital transfers that run counter to residents' goals of care.

Goals of Recommendations:

1. Clarify expectations for existing Medical Directors of Marin County Skilled Nursing Facilities.
2. Establish new expectations for Residential Care Facilities for the Elderly (RCFE) to engage with a designated physician lead to guide outbreak prevention and response actions.
3. Clarify expectations for Marin County facilities to ensure Medical Directors comply with their defined roles and responsibilities (HSC § 1250).

## Recommendations

### 1. Facilities Responsibilities

- a. SNFs should review contracts with Medical Directors to ensure contracts meet these recommendations.
- b. RCFEs should begin the process of identifying and contracting with designated physician leads.
- c. Facilities will notify Marin County Public Health as to who their Medical Director is and indicate their scope of duty (executive oversight only attending/primary physician for patients/residents [indicate number and % of patients covered by the Medical Director]).
- d. Facilities will keep Marin County Public Health informed of the names and contact information for the attending physicians that care for patients in their facility.
- e. Facilities should ensure that Medical Directors (SNF) and designated physician leads (RCFE) participate in weekly meetings and that they are prepared to discuss the details of outbreak management and advanced care planning (described below).

### 2. Responsibilities of SNF Medical Directors

- a. Medical Directors are expected to attend a weekly huddle meeting organized by MarinHealth Medical Center and Marin County Public Health.
- b. Outbreak Management: Upon notification of an outbreak, Medical Directors are expected to participate in the development of an outbreak response plan (incl. testing, contact tracing and patient cohorting). Medical Directors will report their plan at the weekly Medical Director meeting described above.
- c. Advanced Care Planning: Medical Directors and the attending of record for resident patients or their designated alternates are expected to furnish information on CODE STATUS, POLST discussions that clarify goals of care for any life-sustaining treatment options chosen [an explanation of why particular choices are listed in the POLST form], and patient values at the end of life for all residents in the facility within 48 hours of an outbreak. This builds upon the previously issued recommendation that this information be gathered for all residents prior to any outbreak.
- d. Medical Directors are expected to be able to furnish complete and up-to-date line lists of all residents, including the name and contact information for each resident's primary care provider.

### 3. Responsibilities of RCFE Designated Physician Leads

- a. Overall Expectation: All residential facilities should contract with a knowledgeable physician lead for their facility.
- b. Qualifications: Designated Physician should be a licensed physician in the state of California and board certified in a primary care specialty (Internal Medicine, Family Practice), Palliative Care, Infectious Diseases or Geriatrics.

- c. Expectations: Responsibilities are the same of SNF Medical Directors (see above).
4. Marin County Public Health Oversight
- a. Marin County Public Health and MarinHealth Medical Center will establish the joint task force for long-term care facility outbreak mitigation efforts.
  - b. Marin County Public Health will complete onsite evaluations and provide outbreak management support during active outbreaks. Medical Directors (SNFs) and physician leads (RCFEs) are expected to be available for site visits within 48 hours of notice.