

Name of Policy: <u>Medical Direction of Therapy Programs</u> Policy Number: 3364-137-PT-15 Department: Therapy Services Approving Officer: Chief Operating Officer - UTMC Responsible Agent: Director, Therapy Services Scope: Rehabilitation Services	 Effective Date: 12/1/2022 Initial Effective Date: 6/1995
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	
<input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

(A) Policy Statement

Therapy programs will have medical directors who have expertise in that area.

(B) Purpose of Policy

To establish qualification for the medical directors and to delineate the responsibilities.

(C) Procedure

Qualifications:

1. The medical director for Outpatient Therapy Services will be a physiatrist in PM&R or an Orthopedic Specialist who has practiced a minimum of two years in an outpatient setting. The Outpatient Therapy Services medical director will be designated by the Chief Executive Officer of the University of Toledo Medical Center.

Responsibilities:

The medical director of the program:

1. Advocates for people with activity limitations related to their specific program.
2. Ensures the organization’s adherence to policies on ethical conduct.
3. Participates in strategic planning.
4. Participates in financial planning and decision making.
5. Ensures the adequacy of the individual treatment prescriptions for all persons served, including notations of contraindications and precautions developed with the participation of professional personnel.
6. Develops ongoing relationships with stakeholders.
7. Participates in performance improvement activities.
8. Participates in program development and modification for their program.
9. Participates in outcomes measurement and management activities.
10. Provides input for medical issues of persons served for their program.
11. Completes educational activities with their program personnel.

Approved by:		Review/Revision Date:
/s/	12/01/2022	7/97
_____	_____	9/99
Alison Matson PT, DPT, NCS	Date	10/2000
Director, Therapy Services		2/2002
		12/2006
		9/2009
		11/1/2016
12/01/2022	12/01/2022	11/1/2018
_____	_____	12/1/2022
Christine Stesney-Ridenour, COO	Date	
		Next Review Date: 12/2025
Policies Superseded by This Policy: 23-PT-15		

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.