**Section 280.2070 Medical Director and Physician Services**

a) The *hospice program shall have a medical director who shall be a doctor of medicine or osteopathy and licensed to practice medicine in all of its branches*. (Section 8(d) of the Act) In his/her absence, the medical director or governing body shall designate another physician to serve as hospice physician designee.

b) *The medical director shall have overall responsibility for medical direction of the patient care component of the hospice program and shall consult and cooperate with the patient's attending physician*. (Section 8(d) of the Act)

c) Duties of the medical director shall include but not be limited to:

1) Reviewing the clinical material of the referring physician to document basic disease process; the drug regimen; and assessment of the patient's health and prognosis at time of admission.

2) Performing an admission history and physical for each patient who has no other physician.

3) Assisting in developing the plan of care for each patient/family with the coordination of the patient's attending physician.

4) Attending and actively participating in patient/family care conferences, when requested to do so by the hospice care team coordinator.

5) Reviewing the active medical care and palliative care in patients' homes, and in any inpatient setting in which the hospice has provided patient services.

6) Maintaining a regular schedule of participation in all components of the hospice care program; and maintaining 24-hour, seven days a week coverage of and ready availability to the hospice program through himself/herself or his/her hospice physician's designee.

7) Acting as a consultant to patient's attending physicians and other members of the hospice care team; helping to develop and review patient/family care policies and procedures; and serving on the hospice care team.

8) Maintaining liaison with the attending physician. The attending physician is encouraged to provide primary care to his/her patient even though the patient also receives hospice care.

9) Approving written guidelines for symptom control, i.e., pain, nausea, vomiting, or other symptoms.

d) The hospice must ensure that each patient has an attending physician. The hospice program shall have each patient or his/her representative complete and sign a form indicating the name of the attending physician responsible for his/her care.

(Source: Amended at 32 Ill. Reg. 2330, effective January 23, 2008)