

8 SUBSPECIALTY INTEGRATIONS INSIDE MEDCAP-MANAGED BUILDINGS

Eight clinical responsibilities operate inside one governance model, with shared documentation standards and decisions made at the bedside rather than deferred to consult.



MedCap
HEALTH



01

VENT & RESPIRATORY CARE PULMONOLOGY

Active management of vent, trach, CPAP, BiPAP, and oxygen-dependent residents inside the unit.

Weaning protocols, respiratory documentation, and titration decisions are made during rounding rather than deferred to consult. Documentation supports both clinical decision-making and respiratory billing integrity during ADR and TPE review.



Learn more

02

HEART & CIRCULATION CARDIOLOGY

Heart failure, arrhythmia, ischemic heart disease, and post-MI residents are managed with active fluid status review, diuretic titration, and weight trend monitoring inside the building.

Anticoagulation, beta-blocker, and ACE inhibitor regimens are reviewed at the point of prescribing. Medication adjustments happen before symptoms force an ambulance call.



Learn more

03

DIALYSIS & RENAL CARE

NEPHROLOGY

Dialysis-dependent residents are managed with prescribing review specific to ESRD, fluid and electrolyte balance, and access site monitoring.

Post-dialysis assessments and medication reconciliation are completed inside the building, with coordination to the dialysis center running through the same workflow as primary care rounding.



Learn more

04

STEWARDSHIP & OUTBREAK PREVENTION INFECTIOUS DISEASE

Antibiotic stewardship is operationalized inside the building. Indication, organism coverage, duration, and de-escalation are reviewed at the point of prescribing.

Stewardship sits inside QAPI rather than running as a parallel program, which keeps the data and the decisions on the same cadence. Resistant organism guidance and outbreak response carry clinical authority that is already inside the building when needed.



Learn more

05

ANTICOAGULATION & ANEMIA HEMATOLOGY

Anticoagulation management, hemoglobin and transfusion thresholds, and complex coagulation issues are reviewed by the subspecialist inside the unit.

INR trending and interactions across complex medication regimens are addressed during active rounding. Decisions stay inside the facility instead of generating a transfer for evaluation that could have been handled at the bedside.



Learn more

06

DIABETES & METABOLIC SUPPORT ENDOCRINOLOGY

Diabetes, thyroid, and adrenal management are delivered through standardized protocols coordinated with the primary care team.

Glycemic targets are set against resident risk profile rather than against a single threshold, and insulin regimens are reviewed alongside the broader medication burden. Hypoglycemia prevention is addressed as a falls and transfer risk variable, not as a glucose number.



Learn more

07

NUTRITION AND GI GASTROENTEROLOGY

Reflux, dysphagia, motility disorders, GI bleeds, and feeding-tube management are actively managed inside the unit, with nutrition status reviewed as part of the overall care plan.

Diet orders, acid-suppression and motility regimens, and tube-feeding adjustments are reviewed during rounding rather than deferred to consult, and weight trends and intake are monitored so nutritional decline is addressed before it drives a transfer.



Learn more

08

POST-OP & WOUND CARE GENERAL SURGERY

Surgical wounds, ostomies, drains, and post-operative recovery are managed inside the building, with healing progression and infection risk reviewed during active rounding.

Wound assessments, dressing protocols, and pain and antibiotic regimens are adjusted at the point of care, with documentation built to support both clinical decision-making and wound-care billing integrity during ADR and TPE review.



Learn more

ONE STRUCTURE THROUGHOUT

Each subspecialty operates inside the same governance framework as primary care, with shared documentation standards, shared accountability for transfer rates, and visibility during the same QAPI cycle and quarterly review with facility leadership. Subspecialty depth becomes operational when it is integrated.



Thank you!