

**LSU HEALTH CARE SERVICES DIVISION
BATON ROUGE, LOUISIANA**

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CATEGORY: Administrative Services

CONTENT: Governance, Oversight and Review

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Note: Approval signatures/titles are on the last page

STRUCTURE

LSU HCSD leadership structure, governing body, senior managers, and medical staff support operations and provision of care. The LSU HCSD strategic plan, corresponding job descriptions identify specific job responsibilities of each leadership position. Various responsibilities are shared by all leaders while others are assigned by the LSU HCSD governing body to senior managers and medical staff leaders.

The governing body provides internal structure, resources, including staff to support safety and quality.

Lallie Kemp Regional Medical Center, has a designated hospital administrator to manage the day to day affairs of the hospital and has an organized medical staff that is accountable to the governing body. The governing body, senior managers, and leaders of the medical staff utilize the knowledge needed for their roles and incorporate guidance from stakeholders to fulfill duties and roles.

SCOPE

This policy outlines the governing structure, oversight and review process of the LSU HCSD system. The mission, vision, and goals of LSU HCSD as defined and outlined in the strategic plan is to support safety, quality of care, treatment, and services. LSU HCSD has policies and mechanisms to provide oversight and regulate health care.

IMPLEMENTATION

Lallie Kemp Medical Center shall develop and implement policy, procedures and mechanisms that ensure compliance with the LSU HCSD governance structure, oversight and review policy.

OVERSIGHT, REVIEW

The governing body, senior managers and leaders of the medical staff shall meet at least semi annually, host operational review meetings, to address issues involving leaders that affect or may affect the safety, quality of care, treatment and services provided at Lallie Kemp Medical Center.

Operational Review Meetings shall be held at minimum semi annually either in person or a virtual meeting setting. Additional or more frequent meetings will be scheduled if deemed necessary. Minutes along with summary reports are recorded and approved for all meetings. Minutes are kept safe, confidential and protected.

The governing body, senior managers and leaders of the organized medical staff during operational review meetings shall communicate issues of safety and quality in the following outlined areas.

- Quality management and accreditation;
- Utilization management;
- Records management;
- Information management;
- Care management;
- Member Advocacy and Customer Service;
- Provider services;
- Organizational, business and financial structure;
- Credentialing;
- Network performance;
- Fraud and abuse detection and prevention;
- Access and availability; and
- Data collection, analysis, and reporting.

LSU HCSD uses data, information, measurements, outcomes to guide decisions and to understand variation in the performance of processes supporting safety and quality.

The hospital communicates information related to safety and quality to the respective hospital staff, licensed independent practitioners, patients, families, and external interested parties. Leaders implement changes in existing processes to improve the performance of the hospital system.

The HCSD Chief Operations Officer and/or his or her designee will be the only parties who can postpone, cancel, re-schedule a quarterly and/or semi annual operational review meeting.

If due to extenuating circumstances an operational review meeting is not held, postponed, rescheduled, the information to be discussed, shared, reviewed, shall be posted to the LSU HCSD shared drive and will be reviewed by the governing body. After documents have been reviewed by all parties and an electronic communication confirming the process review has occurred; the review document shall be dated, signed and sent from the LSU HCSD Chief Operations Officer to the hospital administrator.

The governing body develops an annual operating budget, long-term capital expenditure plan pursuant to federal, state regulatory authorities. The hospital administrator effectively manages its programs, services, sites, and departments. Ethical principles guide each hospital's business practices. The LSU HCSD hospital shall implement policies, procedures that guide, support patient care, treatment, and services.

Lallie Kemp Medical Center is professionally and ethically responsible for providing care, treatment, and services within its capability and pursuant to federal, state law, regulation. When care, treatment, and services are denied because of payment limitations, the decision to continue providing care, treatment, and services or to discharge the patient is based solely on the patient's identified needs. When internal or external review results in the denial of care, treatment, services or payment, the hospital administrator, senior

leadership team shall make decisions regarding the ongoing provision of care, treatment, and services, discharge or transfer, based on the assessed needs of the patient.

The hospital administrator and senior leadership team shall create a culture that enables the hospital to fulfill its mission and meet its goals. The hospital administrator shall support staff and instill in each a sense of ownership of designated work processes. The hospital administrator, supervisor, manager may delegate work to qualified staff, but the hospital administrator, supervisors, managers are responsible for the care, treatment, and services provided in their respective areas.

Lallie Kemp Medical Center manages the flow of patients throughout the hospital. Senior leadership staffs establish priorities, for performance improvement through the Performance Improvement program. Lallie Kemp Medical Center has an organization-wide, integrated patient safety program within its performance improvement activities. The hospital adheres to clinical practice guidelines when designing and improving processes.

The hospital provides services that meet patient needs. Patients with comparable needs receive the same standard of care, treatment, and services throughout the hospital. Senior leadership teams shall address any conflict of interest involving licensed independent practitioners and/or staff that affects or has the potential to affect the safety, quality of care, treatment, and services. Care, treatment, and services provided through contractual agreements shall be provided safely and effectively.

EXCEPTIONS

Exceptions to this policy require the prior approval of the LSU HCSD Chief Operations Officer or his/her designee.

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