

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

**POLICY NUMBER:** 0519-23

**CATEGORY:** Administrative Services

**CONTENT:** Governance, Oversight and Review

**APPLICABILITY:** Policy applies to the Health Care Services Division Administration (HCSDA) and Lallie Kemp Medical Center (LKMC).

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**INQUIRIES TO:** HCSD Administrative Business Office  
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**Approval signatures/titles are on the last page**

**LSU HEALTH CARE SERVICES DIVISION  
GOVERNANCE, OVERSIGHT AND REVIEW POLICY**

**I. STATEMENT OF POLICY**

This policy outlines the governing structure, oversight, and review process of the Health Care Services Division (HCSO). The mission, vision, and goals of HCSO as defined and outlined in the strategic plan is to support safety, quality of care, treatment and services. HCSO has policies and mechanisms to provide oversight and regulate health care.

Lallie Kemp Medical Center (LKMC) shall develop and implement policy, procedures and mechanisms that ensure compliance with the HCSO governance structure, oversight and review policy.

Note: Any reference herein to Health Care Services Division (HCSO) also applies and pertains to Lallie Kemp Medical Center (LKMC).

**II. STRUCTURE**

The HCSO leadership/governing body provides internal structure and resources, including staff to support safety and quality. The leadership/governing body will consist of senior managers, medical staff, and support operations staff. Various responsibilities are shared by all leaders, while other responsibilities to staff may be assigned by the HCSO Executive Administration.

Lallie Kemp Regional Medical Center (LKMC), has a 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.

**III. IMPLEMENTATION**

This policy and subsequent revisions to the policy shall become effective upon approval and signature of the HCSO Chief Executive Officer or Designee.

**IV. 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
- Data collection, analysis, and reporting

HCS D 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 HCS D Chief Executive Officer and/or 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 HCS D 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 HCS D Chief Executive Officer or designee to the LKMC Hospital Administrator.

The governing body develops an annual operating budget, long-term capital expenditure plan pursuant to federal, state regulatory authorities. The LKMC Hospital Administrator effectively manages its programs, services, sites, and departments. Ethical principles guides the hospital's business practices.

LKMC 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 LKMC Hospital Administrator, and 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 LKMC 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, and/or manager may delegate work to qualified staff, but the Hospital Administrator, supervisors, and managers are responsible for the care, treatment, and services provided in their respective areas.

LKMC manages the flow of patients throughout the hospital. Senior leadership staff establishes priorities for performance improvement through the Performance Improvement program. LKMC 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.

## **V. EXCEPTIONS**

The HCSD CEO or Designee may waive, suspend, change or otherwise deviate from any provision of this policy deemed necessary to meet the needs of the agency as long as it does not violate the intent of this policy; state and/or federal laws; Civil Service Rules and Regulations; LSU Policies/Memoranda; or any other governing body regulations.

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