



Health Services
LOS ANGELES COUNTY

POLICIES AND PROCEDURES

SUBJECT: GOVERNING BODY – DHS HOSPITALS AND AMBULATORY CARE

POLICY NO: 392

PURPOSE:

To outline the Department’s policy and guidelines for meeting licensing and accreditation requirements for leadership and governance of Los Angeles County health facilities.

POLICY:

For licensing and other regulatory purposes, the Board of Supervisors constitutes the governing body for the Los Angeles County health facilities. The Board of Supervisors has delegated some of its powers to other County officers and agents, as described in the attached governance document, but has not delegated other powers. A delegation of authority from the Board of Supervisors is accomplished by way of action by the Board of Supervisors through: (1) the County Charter, (2) County ordinance, and/or (3) majority/super majority vote of the Board during a duly convened Board of Supervisors’ meeting.

With respect to the County health facilities, the Board of Supervisors has elected to delegate, through the County Charter and Ordinance, primary responsibility of oversight of the County health facilities to the Director of DHS (“Director”). Under the Ordinance, the Director is given the authority to act in all matters concerning the Department, including its health facilities, although this delegation is subject to the retained authorities of the Board of Supervisors. Under the Charter, the authority of the Director includes the right to “exercise general supervision over and enforce rules and regulations and conduct and government of the hospitals, and of such other health, medical and charitable institutions and activities of the County as the Board of Supervisions may designate by ordinance.”

This delegation includes management responsibilities, as well as some of the oversight and policy determination functions that are traditionally thought of as governance. Certain other officers and agents of the Board of Supervisors are also delegated authority to handle other limited functions with the County that impact health facilities operations as well. (See attached governance document).

The Board of Supervisors, as the governing body for the licensed DHS health facilities, makes final determinations on the Department of Health Services’ budget and-appropriations, and sets

APPROVED BY:
REVIEW
DATES:

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SUPERSEDES: 392: Licensing &
Accreditation Reqmts: Governing Body
5/21/08

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overarching contracting and personnel policies and procedures. In addition, it approves and executes certain contracts directly. Although it has delegated substantial authority to the Director, it remains ultimately responsible for the activities of the County health facilities, and may request information, or provide instruction to the Director whenever it deems appropriate.

1. The Hospitals:

To assist in exercising delegated governance authority, the Director may delegate authority to the Deputy Directors to take certain actions related to the hospitals required by state and regulatory authorities on behalf of the Board of Supervisors, on non-clinical aspects of licensing and accreditation requirements, and to the Department Chief Medical Officer who acts for the Director and the Governing Body in meeting clinical aspects of licensing and accreditation requirements applicable to the hospitals. The Director, however, remains involved in many of the delegated matters and may act independently with respect to any of them at his/her discretion, including chairing the facility meetings discussed below.

- For the Deputy Directors, this sub delegation of governing body authority and responsibility related to the hospitals includes, but is not limited to:
 - Acting on behalf of the Governing Body at facility meetings
 - Reviewing and approving Budget Requests for non-clinical items
 - Attending Hospital Commission meetings
 - Reviewing and resolving non-clinical aspects of Human Resources/Labor relations issues
- For the Department Chief Medical Officer, this sub delegation of governing body authority related to the hospitals includes but is not limited to:
 - Acting on behalf of the Governing Body at facility meetings
 - Reviewing and approving clinical policies and procedures
 - Reviewing and approving Medical Staff appointments and/or reappointments, and granting clinical privileges, after consideration of the recommendations of the Medical Staff
 - Managing Risk Management issues
 - Reviewing and accepting safety plan and reports
 - Reviewing and approving Performance Improvement reports
 - Reviewing and approving reports from the Medical Executive Committee
 - Reviewing and resolving Human Resources/labor relations issues as they pertain to licensed, clinical staff

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In exercising these delegated functions, the Director or the Department Chief Medical Officer/Senior Medical Director will assure that Performance Improvement activities are thoroughly documented and analyzed, with actions addressing identified problems. Work papers of Performance Improvement activities, when conducted by medical staff or other appropriate committees will be retained as confidential committee material. As General Findings and Actions (as defined below) are circulated through medical staff and hospital administration, appropriate communication will occur to the entity making the original report.

2. The Ambulatory Surgical Centers:

To assist in exercising delegated governance authority, the Director may delegate authority to the Department Chief Medical Officer or the Ambulatory Care Network Chief Medical Officer to take certain actions related to the licensed/accredited ambulatory surgical centers required by state and regulatory authorities on behalf of the Board of Supervisors. The Director, however, remains involved in many of the delegated matters and may act independently with respect to any of them at his/her discretion, including chairing the facility meetings discussed below.

This sub delegation of governing body authority and responsibility includes, but is not limited to:

- Acting on behalf of the Governing Body at facility meetings
- Reviewing and approving Budget Requests
- Reviewing and resolving Human Resources/Labor relations issues
- Reviewing and approving clinical policies and procedures
- Reviewing and approving Medical Staff appointments and/or reappointments, and granting clinical privileges, after consideration of the recommendations from qualified medical personnel
- Managing Risk Management issues
- Reviewing and accepting safety plan and reports
- Reviewing and approving Performance Improvement reports
- Assuring that a disaster preparedness plan is developed and maintained

DEFINITIONS:

“Hospital Commission” refers to the body established by the Board of Supervisors pursuant to chapter 3.32 of the Los Angeles County Code as a consultative body to the Director of Health Services

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“Medical Staff” means the Professional Staff Association at each county hospital or collectively all clinicians with granted medical staff privileges at each County ambulatory surgical center.

“Performance Improvement activities” refer to a system that:

- 1) Objectively monitors and evaluates the quality and appropriateness of patient care and safety measures;
- 2) Pursues opportunities to improve patient care and safety; and
- 3) Resolves identified problems.

Such activities shall be fully documented. Documentation of the Performance Improvement activities of a Medical Staff committee is confidential material and protected from discovery by State law.

“General Findings and Actions” refer to the formal committee analysis, conclusions, and suggested remedies to identified problems. Such material shall be forwarded through the chain of command in a summary report form to the appropriate parties for action.

GUIDE:

Review and evaluation shall take place as follows:

- 1) Medical Staff committees at hospitals shall evaluate the quality of patient care and review physician, dentist, and podiatrist credentials and privileges as provided by Medical Staff Bylaws; such activities shall be fully documented. The Medical Staff committees and other Performance Improvement committees shall review data and initiate corrective actions to resolve problems or create improvements in patient care quality or safety within the purview of their authority as described in each facility’s Medical Staff bylaws. Information that requires action beyond their authority shall be referred to the Medical Executive committees at each hospital (or the highest level Performance Improvement committee).
- 2) Governing Body DHS Meetings
 - a) Hospitals

A Governing Body meeting shall be convened at each hospital at least four times per year. The Director or, at his/her request, the Department Chief Medical Officer and/or a Deputy Director shall chair this meeting, which will include representation from the Medical Staff and President of the Professional Staff Association. The Director or

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his/her delegate shall set the agenda for this meeting which shall be substantially similar to the attached Governing Body Meeting Agenda Template - Hospital (Attachment I). The agenda shall ensure communication of quality, operational and financial issues to the Director (or Department Chief Medical Officer and/or a Deputy Director) in their role as delegates of the Governing Body. At each meeting, the Director or his/her delegate shall provide information on the status or resolution of each item from the previous agenda which required further action, and on any other issues the facility determines need Governing Body attention, using the attached Governing Body Feedback Report template (Attachment II) as well as oral presentation (where appropriate).

b) Ambulatory Surgical Centers

A Governing Body DHS meeting shall be convened at each ambulatory surgical center at least twice per year. The Director or, at his/her request, the Department Chief Medical Officer or the Ambulatory Care Network Chief Medical Officer, shall chair this meeting, which will include representation from the Medical Staff. The Director or his/her delegate shall set the agenda for this meeting, which shall be substantially similar to the attached Governing Body Meeting Agenda Template – Ambulatory Surgical Center (Attachment III). The agenda shall ensure communication of quality, operational and financial issues to the Department Chief Medical Officer or the Director or the Ambulatory Care Network Chief Medical Officer in their roles as delegates of the Governing Body. At each meeting, the Director or his/her delegate shall provide information on the status or resolution of each item from the previous agenda which required further action, and on any other issues the facility determines need Governing Body attention, using the attached template as well as oral presentation (where appropriate).

3) Medical Staff participation in Board of Supervisors' meetings. In those cases where the Board of Supervisors has not delegated its governing body authority to the Director or other County officers or agents, the Board of Supervisors meets as the governing body on almost a weekly basis.

a) Medical Staff shall have the right to attend and participate in the governing body DHS meetings described above.

b) Medical Staff shall also have the right to bring issues to the Board of Supervisors at its regularly scheduled meetings in the following manner:

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- i) Medical Executive Committee (or the Medical Staff in a meeting of the Professional Staff Association) decides by vote that specific issue or issues that should be discussed with the Board of Supervisors.
 - ii) One or more representatives of the Medical Executive Committee presents such issues to the Director, or Department Chief Medical Officer, or the Chief Deputy Director, at a Governing Body DHS meeting (either regularly scheduled or called emergently).
 - iii) If, after discussion, the Medical Staff believes that the issue is not or cannot be resolved by the Director, Department Chief Medical Officer, or Deputy Director, or the Ambulatory Care Network Chief Medical Officer, then the Director shall work with the County's Chief Executive Officer (CEO) to place the issue on the Board of Supervisors' agenda. The CEO and Director will work with County Counsel to determine if the issues are appropriate for discussion in closed session, and to have it set for closed session if appropriate.
 - iv) The President of the Medical Staff and/or a designee of the medical staff shall attend the Board meeting to present the issue.
- c) Medical Staff participation related to items already on the Board of Supervisors Meeting Agenda.
- i) The CEO Agenda Briefing Agenda shall be made available to designated representatives of the Medical Staff of each facility.
 - d) The Medical Executive Committee (or the Medical Staff in general session) at each facility may decide by vote to address an item on the Board of Supervisors' agenda. It then informs the Director or his/her designee of its desire to speak on the item. This indication of intent to speak can be made at the regularly convened governing body DHS meetings or an emergency called Governing Body DHS meeting.
- 4) The Medical Staff president or designee, the Department Chief Medical Officer or the Ambulatory Surgery Center Medical Director appears at the Board of Supervisors meeting to speak on the agenda item.

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AUTHORITY:

California Evidence Code, Section 1157
Title 22 California Code of Regulations
Los Angeles County Code
Medical Staff Bylaws
The Joint Commission
Code of Federal Regulations
Department of Health Services Governing Document
State Operations Manual Appendix L

ATTACHMENTS

- I. Governing Body Agenda - Hospital
- II. Governing Body Feedback Report
- III. Governing Body Agenda – Ambulatory Surgical Center

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