

Policy Title:	REQUIREMENTS FOR GOVERNING BODY REVIEW OF PERFORMANCE IMPROVEMENT ACTIVITIES		
Category:	9 - Leadership	Policy No.:	951
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Distribution:	Hospital-Wide <input checked="" type="checkbox"/>	If not Hospital-Wide, Other:	

PURPOSE:

To state Olive View-UCLA Medical Center’s policy governing licensing, accreditation and quality/performance improvement activities.

DEFINITION(S):

Performance Improvement Program: A program that ensures continuous organizational improvement and compliance with regulatory agencies.

POLICY:

The Board of Supervisors is the legal Governing Body of County Health facilities and has designated the Director of Health Services to serve as its representative for this purpose. The Chief Deputy Director and Senior Medical Director of the Department of Health Services shall act on behalf of the Director of Health Services and the Governing Body in matters relating to licensing, accreditation, professional organization and quality/performance improvement for Olive View-UCLA Medical Center.

PROCEDURE:

1. Olive View-UCLA Medical Center shall develop a plan to carry out a Performance Improvement Program which meets the requirements of all applicable regulations and standards.
2. A committee of the hospital’s organized medical staff shall be designated to plan, implement, and monitor a comprehensive integrated, prioritized, organization-wide Quality/Performance Improvement program in accordance with such regulations and standards.
3. The designated committee shall be appropriately identified in the Medical Staff Bylaws.
4. Findings and recommendations of quality/performance improvement activities in the hospital shall be reviewed successively by the Chief of Medical Services or Services involved, the Medical Staff Executive Committee, the Chief Medical Officer, the Chief Executive Officer, and the representative of the Governing Body.

5. Documentation of medical quality/performance improvement activities shall be kept confidential.
6. Documentation shall include evidence of action taken to resolve identified problems and monitoring for sustained problem resolution.
7. Copies of general findings or recommendations arising from quality/performance improvement activities, along with the disposition of each, shall be presented to the Governing Body representative at least quarterly.

ATTACHMENTS/FORMS:

None

REFERENCE(S)/AUTHORITY:

DHS Policy #392
The Joint Commission Accreditation Manual
California Evidence Code Section 1157
Medical Staff Bylaws

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