SUBJECT: GOVERNING BODY RESPONSIBILITIES

POLICY:

The Governing Board represents the owner(s). Its purpose is to address and be fully responsible, either directly or by delegation, for the operation and performance of the Center. The responsibilities include, but are not limited to:

1. Assume full legal responsibility for determining, implementing and monitoring policies governing the Center’s total operation.

2. Determine the mission, goals, objectives and long range plans of the Center.

3. Assure that the facilities and personnel are adequate and appropriate to carry out the mission. Determining the policies for personnel activities and education.

4. Establish an organizational structure and delegate adequate control and responsibility to the administrative representatives of the Center.

5. Adopt policies and procedures necessary for the orderly conduct of the Center that govern the medical, clinical and business sections of the Center, including the Center’s scope of clinical activities.

6. Assure the quality of care, quality improvement and risk management activities are evaluated and that identified problems are appropriately addressed.

7. Review legal and ethical matters concerning the Center and its staff.

8. Maintain effective communication throughout the organization, ensuring a linkage between quality management and improvement activities and other management functions of the Center.

9. Establish a system of financial management and accountability appropriate to the organization.

10. Determine a policy on the rights and responsibility of patients.

11. Approve and ensure compliance of all major contracts or arrangements affecting the medical care provided and to assure services are provided in a safe and effective manner. Such as:

   a. Employment or contracting health care professionals

   b. Provision of radiological services and pathology and medical laboratory services.
c. Use of external laboratories.
d. Provision of care by other organizations, such as hospitals.
e. Provision of education to students and post graduate trainees, if applicable.
f. Provision for after-hours patient information.
g. CMS requirements if the Center participates in the Medicare/Medicaid program.
h. Activities or services delegated to another entity or person.

12. Operate the Center without violating federal or state anti-discrimination laws.
13. Assure that all marketing and advertising activities are truthful.
14. Develop a program of risk management for the Center.
15. Develop policies to comply with all applicable occupational health and safety regulations, such as, OSHA and exposure to Bloodborne Pathogens.
16. Establish a mechanism to fulfill all applicable obligations under local, state, and federal laws and regulations such as those addressing disabilities, medical privacy, fraud and abuse, self-referral and reporting to the NPDB.
17. Provide oversight of the development and implementation of the infection prevention and control program and safety programs to ensure quality health care in a safe environment.
18. Adopt policies and procedures to resolve grievances and external appeals, as required by state and federal law and regulations.
19. Establish processes for identification, reporting, analysis and prevention of adverse incidents and to ensure the consistent and effective implementation by developing a system to define and adverse event, to analyze the event, to report as appropriate and develop strategies to reduce the risk of similar incidents from occurring in the future.
20. Establish and be responsible for the Medical Staff and allied health professionals credentialing, appointments, reappointments, and assignment or curtailment of medical privileges.
21. Approve the scope of procedures that can safely be performed in the surgery center based on physician specialties, clinical and support staff, space, and equipment and supply capabilities.
22. Meet at least quarterly and keep such minutes or other records of the proceedings.

23. If the Governing Board elects, appoints, or employs officers and managers to carry out its directives, it defines the authority, responsibility and functions of all such positions.

24. Review at least annually the
   a. election, appointment, and performance of persons assigned to carry out directives,
   b. quality assessment/performance improvement plan, the infection control plan, the safety program and their integration with risk management, infection prevention, safe environment of care and employee education,
   c. reports on key quality measures and safety indicators,
   d. policies and procedures,
   e. disaster preparedness plan,
   f. results of internal and external audits, surveys, and reviews of compliance with regulations and standards of care, and
   g. outside service agreements and performance of outside service providers/vendors.