

## Leadership

1. Question:

How is LSUHSC-S governed and who are the key players? (LD.1.10)

Answer:

LSUHSC-S is a state institution with Dr. McDonald as Chancellor, the delegated governing authority. The Governing body is the Board of Supervisors. The Chancellor meets monthly with the Board members and Administration attends regularly. Key management personnel (i.e. Joe Miciotto, Hospital Administrator) are responsible for daily operations. The Clinical Board and Medical Director (Dr. Roy Clay) representing physicians on governing responsibilities.

2. Question:

Are governance responsibilities defined in writing? (LD.1.20)

Answer:

Yes, and some of these include:  
Organization management and planning  
Selection process for key management personnel,  
Scope of services and (D) Coordination and integration to establish policy, maintain quality care and patient safety and provide for necessary resources.

3. Question:

Are there laws regulating hospitals? (LD.1.30)

Answer:

Yes, hospitals are regulated both at the State and Federal level. All services are licensed by the State and the hospital must act upon reports/recommendations from authorized agencies.

4. Question:

What are the responsibilities for the individual selected to operate the hospital? (LD.2.10)

Answer:

The governing body selects an individual to operate the hospital and responsibilities include:  
Establishing internal controls;  
Maintaining support systems;  
Recruitment and retention of staff;  
Conserving physical and financial assets  
Reporting to governance.

5. Question:

How can a hospital determine if it has effective leadership throughout the organization? (LD.2.20)

Answer:

The hospital can determine strong leadership when a process is in place to coordinate care, treatment and services and that they are effective and efficient.

6. Question:

Does the JCAHO require a hospital to have a budget and a long-term capital equipment expenditure plan? (DL.2.50)

Answer:

Yes, they require that a budget be developed with staff input, monitored, audited and approved by the Governing Authority. Our budget is also approved by the Legislature. The Hospital has an operating budget and a 5 year capital budget.

7. Question:

What is the hospital's mission, vision and values? (LD.2)

Answer:

Our mission, vision and values are all included in our mission statement. The 3 key works are Patient Care, Education and Research.

8. Question:

Why does the JCAHO require that patients receive same standard of care, treatment and services throughout the hospital? (LD.3.20)

Answer:

In order that patients with comparable needs regardless of location of service, financial situation or different individuals providing care do not intentionally negatively influence the outcome.

9. Question:

How does a hospital demonstrate a commitment to its community by providing essential services in a timely manner? (LD.3.30)

Answer:

Through the planning process leaders determine what services it wants to provide, which services they will provide directly or through other arrangements, and associated time frames.

10. Question:

What requirements does a hospital have when services are provided by contractual arrangement, consultation or other agreements? (LD.3.50)

Answer:

They are required to define scope and services, meet applicable JCAHO standards, have Medical Staff approval and evaluate the care. The above is required because the hospital retains overall responsibility and authority for these services.

11. Question:

Does JCAHO require effective communication throughout the hospital? (LD.3.60)

Answer:

Yes, leaders communicate through the orientation program, Management Council, departmental meetings and through various outside organizations. This includes but is not limited to the hospital Mission Statement, policies and plans as appropriate i.e. Town Hall meetings and Personal Management Interviews (PMI's)

12. Question:

How do leaders provide competent staffing? (LD.3.70)

Answer:

Leaders provide for the allocation of staffing and determine qualification based on complexity of care, services rendered and are guided by the Clinical Board for those requiring special clinical privileges. This would involve a process for physicians, and allied health professions that would be initially credentialed and re-privileged through a medical staff process.

13. Question:

How do leaders provide for adequate space, equipment and other resources? (LD.3.80)

Answer:

Based on services provided leaders allocate space and equipment to facilitate efficient and effective care and treatment of patients.

14. Question: Answer:  
What are the purposes of policies and procedures as defined by JCAHO? (LD.3.90)  
Policies and procedures are used to guide and support patient care, treatment and services. Hospital policies and procedures can be found on the internet.
15. Question: Answer:  
What are the major components of a hospital policy for procuring and donating organs and other tissue? (LD.3.110)  
Medical Staff participation in policy development;  
Written agreement with an Organ Procurement Organization (OPO);  
Hospital notifies OPO in timely manner of patient who has died or death is imminent;  
Family notification;  
Written documentation of family decision;  
Hospital staff exercises discretion and sensitivity;  
Maintains records. Currently LSUHSC-S is the leading provider of organs in the state.
16. Question: Answer:  
What does JCAHO expect when it comes to patient education? (LD3.120)  
That leaders identify plan and support patient educational activities that are appropriate to the hospital's mission and scope of services.
17. Question: Answer:  
Does LSUHSC-S have any responsibility for children and youth education while in our facility? (LD.3.130)  
Yes, based on identified needs we need to maintain education either direct or through community resources.
18. Question: Answer:  
How do hospitals provide care for patients that have psychiatric or substance abuse problems when they do not provide the service. (LD.3.140)  
Through a written plan and in which patient care and appropriate referral is consistent with this plan. Currently LSUHSC-S has 51 licensed psychiatric beds.

19. Question:

How does the hospital plan for appropriate care of patients under legal or correctional restrictions? (LD.3.150)

Answer:

All patients under legal or correctional restrictions receive care as described per hospital policy (Policy Number 2.20).

20. Question:

How do leaders set expectations, develop plans and manage processes to measure, assess and improve the quality of the hospital's governance, management, clinical and support activities?: (LD.3.150)

Answer:

The Quality Leadership Team (QLT) is composed of Hospital Administration, Hospital Medical Directors, QI Chairman, Hospital Attorney and the Assistant Administrator for Quality Management. The Quality Leadership Team meets regularly and oversees all performance improvement activities, including; approach and methodology, ongoing monitoring and reporting by each area, assuring appropriate actions are taken to improve performance, allocating of resources for improvements and assessing their performance annually.

21. Question:

What are the elements of performance when designing new or modified services or processes? (LD.4.20)

Answer:

Meet needs of expectations of patients, staff and others:  
Use results of P.I. activities;  
Information about potential risks;  
Knowledge based;  
Collaborate with staff and test proposed design.  
Name your departmental activities that meet the above when new or modified processes have been implemented.

22. Question:

How is the safety program integrated throughout LSUHSC-S? (LD.4.40)

Answer:

The safety program begins at orientation and is included in departmental activities. The Safety Committee meets monthly and the Safety Director meets with the Quality Leadership Team (QLT) monthly for overall direction. The QLT Team presents findings and recommendation to the Clinical Board.

23. Question: Answer:  
How are performance improvement activities prioritized and how adjusted at LSUHSC-S? (LD.4.50)  
The Quality Leadership Team composed of key hospital and medical staff leaders set priorities for P.I. activities, staffing effectiveness and patient health outcomes. Through the use of departmental indicators, patient satisfaction, variance reporting and high-volume, high-risk or problem-prone processes. P.I. activities are established and/or adjustments made.
24. Question: Answer:  
What types of resources are utilized at LSUHSC-S for measuring, assessing and improving hospital performance and patient safety? (LD.4.60)  
The QLT Committee meets twice monthly and notes that improving hospital performance and patient safety begins at the staff level through education. The Safety Department and the Q.A. Department focus all their resources to meet this need. New equipment, educational programs and specific process design are all resources utilized for P.I. and safety improvement.
25. Question: Answer:  
How do leaders measure the P.I. and safety improvement activities? (LD.4.70)  
Departmental indicators, patient satisfaction and variance reporting are all analyzed and trended to measure the success of these initiatives.
26. Question: Answer:  
(LD.5.10)
27. Question: Answer:  
(LD.5.20)
28. Question: Answer:  
(LD.5.30) N/A
29. Question: Answer:  
(LD.5.40) N/A