

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES
Health Care Department Operations Manual

1.1.2 Local Governing Body

(a) Policy

- (1) Where mandated by Title 22 of the California Code of Regulations (CCR), institutions that have a licensed health facility (i.e., General Acute Care Hospital, Correctional Treatment Center, Skilled Nursing Facility) shall have a Local Governing Body (LGB). The LGB will act at the institution level for the California Department of Correction Governing Body (CDC GB).

(b) Governing Body Bylaws

(1) Responsibility

- (A) The members of the LGB shall act locally for the CDC. The decisions of the LGB are subject to review and approval by the CDC GB or its designee.
- (B) The CDC delegates to the LGB sufficient authority and responsibility to facilitate access, continuity, and quality of care for the health care services provided at the institution.
- (C) Health Care Services (HCS) staff is responsible for providing access, continuity and quality of health care in the institution and shall accept and discharge this responsibility as delegated and subject to the ultimate authority of the CDC and the LGB.
- (D) The cooperative efforts of the HCS staff and LGB are necessary to fulfill the institution's obligation to its patients.

(2) Purpose

The LGB shall adopt and amend the bylaws by which they function, which shall include, but not be limited to, provision for:

- (A) Meetings, membership, organization, and affairs.
- (B) Adopting policies in conformance with Health Care Services Division (HCS) policies to enable access, continuity, and quality patient care.
- (C) Providing for institutional management and planning consistent with HCS policies, and in compliance with applicable federal, state and local regulations and directives, including those related to licensure, fire inspection, and other safety measures to assure all CDC GB rules, regulations and responsibilities are locally implemented and adhered to.
- (D) Formal appointment and reappointment of physicians, dentists, podiatrists, and clinical psychologists to the health care staff.
- (E) Written actions taken on health care staff appointments which are confidentially retained; applicants receive notification of appointment and reappointment.
- (F) Review and resolve differences in health care staff recommendations concerning appointments, reappointment, termination of appointments, and the granting or revision of clinical privileges.
- (G) Appointment of a health care administrator whose qualifications, authority and duties shall be defined in a written statement adopted by the LGB.
- (H) Formal organization of the health care staff, with appropriate officers and bylaws; and to review and approve their revisions by a unanimous vote of LGB members.
- (I) Assurance that health care staff rules, regulations, and bylaws are subject to LGB approval, which approval shall not be unreasonably withheld; and that health care staff are permitted to appeal decisions they feel are unfair or wrong.
- (J) Self government by the health care staff with respect to the professional work performed in the institution, periodic meetings of the health care staff to review and analyze at regular intervals their clinical experience, and requirement that the health record of the patients shall be the basis for such review and analysis.
- (K) The preparation and maintenance of a complete, correct, confidential, comprehensive, current, and concise health records for each patient.
- (L) Establishment through the health care staff of an ongoing quality management mechanism designed to objectively and systematically monitor and evaluate the quality of patient health care; pursue opportunities to improve patient health care; and resolve identified problems.
- (M) Establishment and implementation through the health care staff of quality review committees for the purpose of achieving and maintaining standards of professional practice.

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(3) Membership

Voting privileges are reserved for LGB members. The membership of the LGB is as follows:

- (A) Warden/AW, Health Care Operations or designee
- (B) Regional administrator, HCSD
- (C) Regional Administrator, Institution Division
- (D) Health Care Manager (HCM)
- (E) Chief, Mental Health Services
- (F) Chief Medical Officer (CMO) (when the HCM is not a licensed physician)
- (G) CMO of adjacent facilities

The term of the appointment for LGB members shall be the duration of their appointment to their respective positions.

(4) Delegated Authority

- (A) The LGB membership shall report to the CDC GB through the Assistant Deputy Director, HCSD. The LGB shall act with full authority on behalf of the CDC GB during the interval between meetings. Removal of a member shall occur on the order of the CDC GB.
- (B) The LGB shall appoint an administrator in licensed hospitals in conformance with Title 22, CCR. In other institutions the chief administrative officer who has the responsibility for the day to day health care operations of the institution is the HCM. If there is an administrator under the direction of the HCM, that administrator has responsibility for the day-to-day operations of the institution. The administrator and HCM may be the same.
- (C) The CMO is the ranking physician, and has the responsibility for the overall clinical management of HCS. The CMO may also be the HCM.
- (D) During the absence of the HCM/CMO, the Medical Officer of the Day (MOD), the Physician on Call, or Psychiatrist On-Call shall act with full authority in clinical matters, and, when indicated, the administrator shall act with full authority in administrative matters.
- (E) The HCM and the administrator shall have the necessary authority and responsibility to operate in all its activities and departments subject to the policies adopted by the LGB and applicable federal and state laws and regulations.

(5) Meetings

- (A) The LGB shall meet as often as necessary, but at least quarterly. The meetings will be held at the institution. Meeting notices shall be provided to LGB members at least two weeks in advance.
- (B) Special meetings may be held at any time designated by the LGB.
- (C) The presence of seventy five percent (75%) of the voting members shall constitute a quorum. If less than a quorum is present at any meeting, the meeting may be held by a conference call. Three of five members represent a quorum.
- (D) Guests may be invited to the LGB meetings to provide additional information on agenda items.

(6) Medical Staff Organization

- (A) Where there is an organized medical staff, it shall be responsible to the LGB for the adequacy and quality of health care rendered to patients. Physicians, dentists, podiatrists, and clinical psychologists licensed to practice by the State of California and employed by or, where indicated, contracted with CDC shall be members of the medical staff.
- (B) There shall be by laws and rules and regulations developed and adopted by the medical staff and approved by the LGB consistent with applicable state laws and regulations. These bylaws, rules and regulations shall be reviewed at least annually and revisions proposed to the LGB to reflect changes in policies and applicable laws and regulations.
- (C) In addition, the medical staff shall make recommendations concerning the following to the LGB for approval:
 - 1. The structure of the medical staff.
 - 2. Individual medical staff membership.
 - 3. Specific clinical privileges for each eligible individual.
 - 4. The mechanism by which membership on the medical staff may be terminated.
 - 5. The mechanism to be used to review credentials and to delineate individual privileges.
 - 6. The mechanism for fair hearing procedures.

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7. The organization of the quality management activities at the institution.
 8. The mechanism used to conduct, evaluate, and revise such activities.
- (D) Where there are differences between the organized medical staff and the LGB, every effort will be made to resolve the issues in question to the satisfaction of both within a reasonable time frame. When agreement cannot be reached, a referral will be made to the CDC GB chairperson or its designee. The decision of the CDC GB chairperson or designee shall be final and there shall be no further appeal.
- (E) Where there is no organized medical staff, the HCM with the CMO, Chief Psychiatrist, or other physician designee (if the HCM is not a licensed physician) shall, in place of the medical staff organization:
1. Establish and maintain a quality management program to provide access, continuity and quality of care delivered to the institution's patients.
 2. Develop local policies and procedures consistent with HCSD policies.
 3. Comply with CDC GB policies, state and federal regulations.
 4. Develop and be responsible for managing the HCS budget.
 5. Recruit and hire staff.
 6. Provide management and supervision of the health care services delivery programs and staff at the institution.
 7. Serve on the Warden's Executive Management Team.
- (F) Where there is a LGB it shall provide governance as above.
- (G) Where there is no LGB, the Regional Administrator, HCSD and the HCSD Assistant Deputy Director, as the contact with the CDC GB, shall assist, supervise and approve of the HCM/CMO's actions as appropriate.
- (7) Quality Management**
- (A) The LGB shall, in the exercise of its overall responsibility, assign to the medical staff or where appropriate to the HCM/CMO reasonable authority for implementing mechanisms to improve the quality and appropriateness of patient care. The LGB may also assign to the medical staff or HCM/CMO responsibility for the clinical performance of individuals with delineated privileges, and shall support these activities and mechanisms.
- (B) Reports shall be made annually by the medical staff or the HCM/CMO to the LGB of problems identified and resolved, and of opportunities identified to improve patient care.

References

- Federal Health Care Quality Improvement Act of 1986 (42 USCA § 11101)
- *Plata v. Newsom, et al.*, U.S. District Court of the Northern District of California, Case No. C01-1351 JST
- Evidence Code, Section 1157
- California Constitution, Article VII Public Officers and Employees, Section 1-11
- Business and Professions Code, Section 800, *et seq.*
- Joint Commission Leadership Standards,
https://www.jointcommission.org/assets/1/18/WP_Leadership_Standards.pdf
- Baldrige Award Criteria for Leadership, <https://www.nist.gov/document-3205>
- Agency for Healthcare Research and Quality – Patient-Centered Medical Home Resource Center,
<https://pcmh.ahrq.gov/>
- International Organization for Standardization (ISO) 9001:2015 and ISO/DIS 9004 standards
- California Department of Corrections and Rehabilitation, Department Operations Manual, Section 33030.3.1, Code of Conduct
- Health Care Department Operations Manual, Chapter 1, Article 3, Section 1.3.4, Health Care Executive Committee
- Health Care Department Operations Manual, Chapter 3, Article 1, Section 3.1.1, Complete Care Model

Revision History

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