

Subject: ACCREDITATION & LICENSING REQUIREMENTS		Issued By: ADMINISTRATION	
		Approved By: Kathleen R. Hurtado President & CEO	
Policy #: 300	Issue Date: June 15, 2005	Revised Date: June 24, 2008	Effective Date: June 30, 2008

Reference: USC + LAC Healthcare Network Policy# 300, which references DHS Policy #392 & 392.1 and original Accreditation & Licensing Policy dated 9-1-87 and updated as of 6-15-2005.

PURPOSE

To require that those Staff Members working for HRA under accreditations or licenses provided by agencies outside of HRA/USC maintain such licenses and accreditations throughout their tenure at HRA/USC. Because L.A. County has strict requirements for accreditation and licensing of all Staff Members working with County Research Participants and/or patients, a secondary purpose of this policy is to outline L.A. County’s Department of Health Services’ requirements (listed in the Policy section of this document) relative to State and Federal licensing and accrediting requirements for L.A. County Governing Body review.

**BACKGROUND INFORMATION ON L.A. COUNTY’S GOVERNING BODY
EVALUATIONS**

The L.A. County Board of Supervisors is the legal Governing Body of L.A. County healthcare facilities. The Board of Supervisors delegates certain functions to the Director of Health Services in the L.A. County Administrative Code. Consistent with this delegation of authority and responsibility to Health Services, the Assistant Director of Hospitals acts on behalf of the Governing Body to assess licensing and accreditation requirements as they relate to evaluating care delivered to County Research Participants and/or patients.

These evaluation studies shall be thoroughly documented and analyzed with recommendations provided to ameliorate identified problems. Study work papers are retained as confidential committee material when conducted by medical staff committees. General findings and recommendations flow through the L.A. County Governing Body chain of command with appropriate communication back to the evaluation committee after each level of review.

POLICY

1. **STAFF MEMBERS MUST MAINTAIN CURRENT ACCREDITATION AND LICENSURE WHILE WORKING FOR HRA:** Any HRA Staff Member, hired based on their accreditation and/or licensure qualifications, must maintain such accreditation and/or licensure while working for HRA;

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2. **ENSURING APPROPRIATE TECHNICAL SUPPORT FOR QUALITY IMPROVEMENT:** HRA's President & CEO will ensure that all those acting on HRA's behalf have the appropriate administrative and technical support to conduct Quality Improvement activities;
3. **MAINTAINING HIGH STANDARDS OF RESEARCH PARTICIPANT CARE:** Caregivers, acting on HRA's behalf, must establish methods to ensure that the highest standards of medical practice and care of Research Participants are maintained at all times.

RESPONSIBILITY

All persons acting on HRA's behalf, including:

Administration

Medical Staff

Nursing Staff

Other Caregivers

Any Person(s) Responsible for Quality Assurance and/or Quality Improvement