PURPOSE: To outline the Watkins Health Services (WHS) structure.

POLICY: Watkins Health Services (WHS) is legally constituted by legislative act to provide services as a part of the University of Kansas, Lawrence Kansas campus. These services are to conform with the nationally recommended practices and standards as outlined by: university, state, and federal regulations; WHS policies and procedures; standards set by the American College Health Association (ACHA); and standards set by the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC).

WHS will maintain fair and uniform governance and administration to positively impact the welfare of WHS employees and those they serve.

A. Governing Body
   The Kansas Board of Regents, represented by the KU Chancellor, Provost and Vice Provost for Student Affairs, has delegated the responsibility to serve as the WHS Governing Body to the Associate Vice Provost for Student Affairs and the WHS Administrative Staff. The Associate Vice Provost for Student Affairs serves as the Chief Executive Officer and the WHS Director serves as the Chief Administrative Officer. The other Administrative Staff include two Associate Directors, Chief of the Medical Staff, Heath Education Resource Office Program Manager, Chief Pharmacist, Nursing Supervisor, and Accountant. This Governing Body is responsible for the Health Services operation and performance. Duties include, but are not limited to:
   1. Determining the mission, goals and objectives of the organization.
   2. Assuring that facilities and personnel are adequate and appropriate to carry out the mission.
   3. Establishing an organizational structure and specifying functional relationships among various components of the organization.
   4. Adopting policies and procedures necessary for the orderly conduct of the organization including, but not limited to, policies on:
      a. Patient rights
      b. Risk management appropriate to the organization, including identification, reporting, analysis and prevention of adverse incidents
      c. Continued education for personnel.
      d. All applicable occupational health, infection control, and safety regulations for health care.
      e. Resolving grievances and appeals
5. Assuring that the quality of care is evaluated and that identified problems are properly addressed.
6. Reviewing all legal and ethical matters concerning the organization and its staff and responding appropriately, when necessary.
7. Ensuring the confidentiality, security, and physical safety of data on patients and staff.
8. Maintaining effective communication throughout the organization including linkage between Quality Improvement activities and other management functions.
10. Approving and ensuring compliance on all major contracts or arrangements affecting the medical care provided, including but not limited to:
   a. The employment or contracting of health care professionals.
   b. The provision of radiology, pathology, medical laboratory, and physical therapy services.
   c. The use of external laboratories.
   d. The provision of care by other health care organizations such as hospitals.
   e. The provision of education to students and postgraduate trainees.
   f. The provision of after-hours patient information or telephone triage services, including the review of records.
   g. Activities or services delegated to another entity.
11. Formulating long range plans in accordance with the mission, goals and objectives of the organization.
12. Operating the organizations without limitation because of race, creed, sex, national origin, or sexual preference.
13. Assuring that all marketing and advertising concerning the organization do not imply that it provides care or services it is not capable of providing.
14. Establishing a mechanism to fulfill obligations under local, state and federal laws and regulations such as those addressing disabilities, medical privacy, fraud and abuse and self-referral.
15. Operating the facilities and environment in a safe manner.
16. Assuring all applicable federal, state, university, and accreditation standards are met.
17. Meeting on a regular basis to assure all responsibilities are completed.

B. Medical Staff
1. The Active Medical Staff consists of the physicians and Nurse Practitioners who are employed by WHS. All Nurse Practitioners work under treatment protocols established and approved by the full Medical Staff. All medical privileges must be reviewed and recommended by the Credentialing Committee and approved by the Director.

2. The Consulting Staff is made up of physicians or other health care professionals who, because of specialized training or experience, serve as consultants on an
as needed basis. All medical privileges must be reviewed and recommended by the Credentialing committee and approved by the Director.

C. Allied Health Professionals
Allied Health Professionals are identified as those disciplines requiring state license and/or continuing education credits. These include but are not limited to: health educators, nurses, medical technologists, pharmacists, physical therapists, and radiology technicians. Some of the allied health staff must be privileged to practice their clinical skills. All privileges must be reviewed and recommended by the Credentialing Committee and approved by the Director.

D. Ancillary Staff
The ancillary staff consists of other support staff including Nurse Aides, Registration/Records, Business Office, Materials Management, and administrative support positions.

E. Credentialing
The governing body/administration establishes and is responsible for a credentialing process, applying criteria in a uniform manner to appoint individuals to provide patient care for the organization. The governing body/administration either directly or by delegation makes initial appointment, reappointment, and assignment or curtailment of clinical privileges based on professional peer evaluation. Privileges to carry out specified procedures are granted by the organization to the health care professional to practice for a specified period of time.

REFERENCES:

This document is on file with the KU Policy Library.