



QA/QI Director

Position Purpose:

Responsible for quality of care initiatives and driving improvement on clinical measures and outcomes through effective and efficient work flows and data capture. Develops and improves quality systems that cover monitoring and reporting for operations and contract requirements.

Essential Functions:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

1. Lead on developing strategies and policies and execution and monitoring of policies, once adopted.
2. Develops implements, revises, oversees and enforces quality program and recommends and implements approved quality initiatives consistent with the health care regulatory and quality of care environment.
3. Responsible for supplying management any analysis information necessary for making policy decisions.
4. Responsible for evaluation, development, implementation and ongoing maintenance of the Clinical Quality Plan and its role in operations. Including, but not limited to quality reviews, plans of action, staff training and communication.
5. Quality Assurance/Quality Improvement committee chair. Actively participates and ensures the most appropriate and relevant quality initiatives are discussed and addressed, including PCMH and annual quality initiatives. To include: completion of QA/QI assessments, monitoring outcomes, and updating QA/QI operating procedures.
6. Demonstrates an understanding of organization-wide policies and procedures, as well as quality and clinical standards and regulatory requirements. Responsible for ongoing updating and maintenance of clinical and quality policies and procedures for the entire organization.
7. Collaborate with Compliance to ensure effective communication and knowledge of overlapping issues that need to be addressed as a team on a regular basis, especially QI activities associated with corrective action plans from any audits of clinical care.
8. Responsible for overseeing and reporting all quality measure and outcome reporting and analysis for internal and external requirements such as HRSA, CMS, NCQA, RAE and other contractual requirements.
9. Responsible for accurate and timely submission of key data reporting to outside entities as identified for this position, coordinating data needs and support with IT and Finance teams as needed.

10. Responsible for reporting Provider specific clinical measures and providing recommendations to improve quality of care to CMO.
11. Management of HRSA Clinical Measures and their improvement activities.
12. Position is a key member of the leadership team and is required to demonstrate leadership qualities through collegial relationships with other management team members and provide collaborative leadership.
13. Assist with leading, developing and training the staff within River Valley on structured quality improvement methodologies and tools to ensure proper identification of QI projects, goals, and work plans.
14. Prepares and analyzes utilization and quality reports.
15. Coordinates with COO on Risk management activities and develops policies and process related to Risk management program
16. Reviews outcome data. Responsible for the delivery of annual quality reports and plans as required.
17. Oversight responsibility for all quality audits and corrective action plans.
18. Development and delivery of clinical standards, NCQA PCMH standards and contractual requirements for the health care industry.
19. Accuracy of monthly, quarterly and yearly analysis and reporting of quality measures and outcomes, as defined by quality initiatives, grants or contracts.
20. Employee reports immediately, any adverse critical incidents, suspected HIPAA breaches or compliance violations, according to contract requirements, state regulations and RV policies.
21. Respects and accommodates different cultures and the diversity of health beliefs held by disparate populations as demonstrated through appropriate language and interactions.
22. Responds to both internal and external communications by returning phone calls and emails within 24 hours
23. Demonstrates ownership and follows through with solutions of identifying the need for additional assistance when issues arise.
24. Actively seeks and provides guidance, and is a contributor to the organization and any teams or committees they are involved in. Demonstrates respectful, kind and helpful behaviors when working with other staff.
25. Attends all mandatory staff meetings and trainings.
26. Arrives to work on time and follows the required call in procedures for attendance.
27. Completes all required essential learning courses by the due date.
28. QA director will work with the CMO regarding peer reviews on a quarterly basis by attending dinner and learns to present information to the medical providers.
29. Attend and present clinical dashboards at the monthly board meetings.

Additional Duties/Responsibilities:

1. Comply with all River Valley Credentialing requests in a timely manner.
2. Comply with all Human Resource processes and programs.
3. Serve on an internal River Valley taskforce as necessary.
4. This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employees will be required to follow any other job-related duties requested by their supervisor.

Knowledge/Skills/Abilities:

The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Demonstrate skills in leadership, management, and collaboration.
- Must possess exceptional creativity, organizational, and problem-solving skills.
- Strong project management skills
- Demonstrated ability to work independently with minimal supervision; plan own work schedule effectively and multi-task and prioritize in a fast-paced setting.
- Responsible for knowledge of compliance and regulatory requirements for behavioral health, primary care and public health.
- Ability to communicate clearly verbally to outside organizations, vendors and clients in a professional, courteous and confidential manner.
- Ability to establish and maintain effective working relationships with staff and management, as well as to outside agencies, vendors and patients in a professional, courteous and confidential manner.
- Ability to absorb and understand complicated quality measures and associated workflows.
- Essential to be able to reason mathematically and to have analytical and problem- solving skills.
- Proficient in use of office equipment, i.e., calculator, copy machine, telephone and fax machine. Proficient in Microsoft Office products, particularly Word and Excel.
- Must regard work as confidential.
- Must have current driver's license and ability to be commercially insured and maintain a driving record that allows insurability with RV commercial insurance organization.
- Occasional travel required.

Job Qualifications:

- Bachelor's degree in Business Administration, Health Care Administration, or related field required.
- Minimum 7 years operations management experience, with specific experience in direct patient care, analysis, contract management, process improvement and quality experience.
- Minimum 2 years' experience within a healthcare setting, clinical, patient care experience is highly recommended.
- Minimum 3 years in a supervisory position with progressive management and leadership.