

MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM (MEHOP)

JOB TITLE:	QI/QA Risk Manager
CLASSIFICATION:	Salaried Exempt
LOCATION:	MEHOP Administration, Bay City, TX
REPORTS TO:	CEO

JOB SUMMARY: Ensures that MEHOP employees, facilities and processes are regularly evaluated and monitored for adherence to applicable statutes, regulations and program requirements such as OSHA, FQHC, PCMH, PHC, etc. Ensures that UDS Measures are constantly tracked and improved upon with strategic plans of improvement. Responsible for insuring education on laws and regulations that govern the health care industry to identify, prevent, and correct illegal and unethical conduct, improve the quality of patient care and demonstrate commitment to honest and responsible corporate conduct for employees, board, contractors and agents.

As the clinical risk manager, manages the operation of the organization-wide risk management and patient safety programs and provides guidance to clinical staff. The risk manager develops and maintains systems within the organization to detect, monitor, prevent, organize, measure, investigate, report, and manage patient adverse events, malpractice claims, incident reports, and other indicators of potential patient harm. The organization's key aims in this area are to be on the leading edge of improving health outcomes and service, increasing patient safety, and reducing error in healthcare processes. This position will be vital to accomplishing these objectives.

JOB DUTES AND RESPONSIBILITIES:

1. Monitors compliance efforts and enforces practice standards;
2. Conducts internal monitoring and periodic auditing;
3. Work with Medical Director to establish protocols, policy and procedures;
4. Customizes and conducts appropriate training and education on the laws, rules, standards and procedures that apply to the job responsibilities of each employee and contractor;
5. Leads and monitors compliance of the standards of NCQA's Patient Centered Medical Home recognition
6. Promotes a **Culture of Safety** with open lines of communication to employees and contracted personnel about current and upcoming activities and encourages reporting;
7. Responds and investigates violations of rules, regulations, policies, procedures, and Standards of Conduct by evaluating or recommending the initiation of investigative procedures. Develops and oversees a system for uniform handling of such violations and implements corrective action while maintaining complete records; and
8. Acquires knowledge of disciplinary standards and enforces standards through well-publicized guidelines.
9. Proactively evaluate areas of organizational risk based on internal assessment and external benchmarking and implement strategies and policies that promote patient and staff safety.
10. Promote the occurrence reporting process including trending and reporting of results, identification of problem-prone areas, and facilitation of prevention initiatives.
11. Direct the investigation of all potentially compensable events (preventable adverse events).
12. Lead the review of serious occurrences requiring root-cause analysis or failure mode and effects analysis. Disseminate lessons learned and process improvement plans.
13. Meet monthly with Compliance Improvement and Performance Committee (CPI) as the Chairperson;
14. Meet monthly with Quality Improvement Quality Assurance Committee, and leadership to provide detailed reports on clinical performance measures.
15. Respond to sentinel events and other serious occurrences and provide expert advice on the management and reporting of such events to administrative and clinical leadership and staff.
16. Conduct immediate/appropriate response to any serious occurrence/complaint representing actual or potential patient, visitor, or employee injury. Monitor and take subsequent actions to ensure learning, compliance, and documentation
17. Pull date to understand patient needs and requirements to develop effective quality goals, action plans and quality control processes;
18. Devising and reviewing patient quality measurements to meet industry standards, private grant standards and federal standards as set by Uniform Data Systems (UDS)

19. Keep up to date with new and revised state and federal regulations and statutes related to hospitals and patient care. Review and evaluate related policies and procedures and recommend revisions as needed. Create new policies for approval, as needed.
20. Actively participate in a variety of committees as assigned.
21. Annually evaluate risk management and patient safety program for improvement opportunities.
22. Devise and review specifications for clinical measures or processes
23. Work with each clinical service department's sub-committee within MEHOP to share performance against objectives and to establish action plans for QI improvement
24. Run detailed performance reports from Electronic Health Records as a resource for clinical performance measures

Knowledge, Skills & Abilities:

- ✓ Outstanding oral and written communication skills.
- ✓ Proven experience as a Quality Manager
- ✓ Demonstrates organizational leadership and strategic planning skills
- ✓ Familiarity with operational, financial, quality assurance, quality control procedures and human resource procedures and regulations.
- ✓ Ability to work effectively and professionally in a fast-paced environment.
- ✓ Keen eye for detail and a results driven approach
- ✓ Must be computer efficient (MS Office)
- ✓ Experience in working with for-profit and not-for-profit organizations preferred.
- ✓ A team player with the ability to build and establish relationships.
- ✓ Proven track record throughout career, including ability to consistently meet deadlines.
- ✓ High-energy, organized, persistent, and creative individual with strong communications, interpersonal, and systems thinking skills.
- ✓ Proven management ability and experience including a thorough understanding of quality improvement Quality Assurance (QIQA) processes, tools, and techniques; quality measurement and reporting; root cause analysis and preventive risk management strategies; accrediting bodies' standards; and state and federal regulations.
- ✓ Ability to function effectively, independently, and efficiently in a stressful and dynamic work environment.
- ✓ Knowledge of risk information management systems (RIMS).
- ✓ Knowledge of EMR

Education & Requirements:

- Bachelor's degree required
- Risk management certification
- Obtains appropriate expertise in statutory and regulatory areas.
- Preferred certification in HIPAA and other required compliance.
- Clinical background desirable.
- Experience with standard Microsoft Office or related products required and experience in database management and systems development desired.

Physical Requirements: None

BENEFITS:

Health and life insurance, paid holidays, sick days.

SALARY: Commensurate with experience.