



COMMUNITY HEALTH CENTER

Director of Quality and Compliance
Job Description

Table with 2 columns: Field (Associate, FLSA Status, Prepared By, Status Date) and Value ([VACANT], Exempt, Mark L. Windham, CEO, 04/15/2021)

To apply for this position, please send an email containing a cover letter and your personal resume to mark@go-care.org and laurie@go-care.org.
To learn more about GCCHC, visit our website at www.go-care.org.
GO CARE Community Health Center is an equal opportunity employer. We will recruit, hire, and promote employees without regard to race, color, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, disability, protected veteran status, age, or any other characteristic protected by law.

I. General Areas of Responsibility:

The Director of Quality and Compliance provides leadership and expertise to ensure the delivery of safe, high-quality patient care services.

- A. Collaborates with the Management Team on strategic planning, goal setting, department evaluations, and the implementation of strategic initiatives for the respective components of the organization.
B. Works in partnership with GCCHC's administrative, medical, and support staff and provides leadership in the development of a culture of safety and measurement of the quality of care identifying opportunities and strategies for performance improvement; serves as the liaison to the National Committee of Quality Assurance (NCQA) and other pertinent regulatory agencies.
C. Oversees and evaluates the organization's Corporate Compliance, Risk Management, and Patient Safety Programs.

II. Detailed Areas of Responsibility:

Quality Program:

- A. Initiates and oversees the development of a comprehensive quality improvement program inclusive of the analysis and trending of data related to initiatives. Must demonstrate integrity, sound judgment, demonstrated leadership skills, and strong interpersonal skills. Must be able to approach staff regarding quality issues with tact and diplomacy.
- B. Provides strategic oversight of quality improvement workgroups with accountability for distribution of organizational communication within GO CARE Community Health Center. Excellent oral and written communication skills and strong organizational ability required.
- C. Provides overall direction necessary to ensure that clinical services are provided in accordance with standards established through state and federal regulations and the National Committee of Quality Assurance that are evidence-based. Must be familiar with Patient-Centered Medical Home (PCMH) accreditation and will lead the organization in achieving PCMH designation.
- D. Interprets and coordinates compliance with the HRSA Compliance Manual for the Bureau of Primary Health Care's Health Center Program, the HRSA Ryan White HIV/AIDS Part C Early Intervention Services Program, Ryan White Part B Support Services and HOPWA Services administered by the STD/HIV/Hepatitis Program of the Office of Public Health of the Louisiana Department of Health, and other Federal, State and local regulations that are applicable to these practices. Experience working with disadvantaged populations helpful and knowledge of health disparities highly desired. Assist with annual UDS and HRSA reports.
- E. Prepares reports and assesses compliance with accreditation standards and regulations related to clinical care in collaboration with entity leadership and staff. Identifies areas of vulnerability and directs the development of strategies to enhance compliance.
- F. In conjunction with clinical staff, medical staff, and support services staff, directs and coordinates quality improvement initiatives. Assists in the development, monitoring, and presentation of internal quality measures and initiatives. Coordinates tracking and reporting of clinical and utilization outcomes, and follow-up of corrective action plans.
- G. Proactively educates leadership, clinicians, and staff regarding the basic of risk management/patient safety and their role in ensuring that patients are not harmed during care delivery.
- H. In collaboration with clinical staff and service managers, participates in the monitoring, reporting, and improvement activities related to clinical care,

health care quality/safety initiatives, accreditation, and regulatory requirements.

- I. Participates in and coordinates various committees and projects to facilitate the compliance of regulatory requirements.
- J. Regularly communicates quality activities to leadership and staff. Outstanding skills in data collection, analysis, and presentation.
- K. Develops and maintains a performance measurement work plan and reporting calendar to ensure timely data collection, aggregation, analysis, and reporting of established performance measures related to key operational and clinical processes and outcomes.
- L. Manages electronic storage of quality improvement reports to promote ongoing access for key stakeholders.

Corporate Compliance Program:

- A. Oversees the organizational corporate compliance program; develops and maintains a written corporate compliance plan and annual evaluation of the plan's effectiveness; ensures that all required elements of a compliance program are addressed.
- B. Develops and maintains policies and procedures related to the corporate compliance program.
- C. Develops and maintains the written GCCHC Code of Conduct and ensures staff and Board members receive the appropriate training/education.
- D. Serves as a resource for the CEO, CFO, CMO, and CFO for all external and internal compliance audits; ensures that corrective action plans are documented in a timely manner and effectively implemented.
- E. Oversees investigations relating to reports of known or suspected violations of the corporate compliance program or Code of Conduct.
- F. In consultation with the CEO, submits mandatory notification of known or suspected corporate compliance violations to the appropriate regulatory agencies.
- G. Develops and maintains up-to-date knowledge of corporate compliance requirements and related laws and regulations as mandated or recommended by OIG, CMS, and other agencies; attends outside corporate compliance trainings provided by NACHC and/or other agencies as directed by the CEO.

- H. Oversees an organization-wide risk management program; develops and maintains a written corporate risk management plan and annual evaluation of the plans' effectiveness.
- I. Develops and maintains policies and procedures related to the corporate risk management program.
- J. Develops and oversees processes for internal incident reporting.
- K. Reviews incident reports and conducts follow up investigations as warranted.
- L. Investigates and evaluates claims and potential claims.
- M. Oversees an organization-wide patient safety program; develops and maintains a written patient safety plan and annual evaluation of the plan's effectiveness and develops and maintains policies and procedures related to the patient safety program.
- N. Collaborates with the Chief Medical Officer (CMO) in the investigation of clinical events including sentinel events, sentinel event near misses, and significant adverse events; leads and/or participates in the development of root cause analyses as directed by the CMO.

**III. Compliance & Quality Assurance Standards:**

- A. Participation in the organization's Quality Program – includes actively participating in all required trainings and in creating a culture of quality improvement. Participation in the Quality Program will be considered for performance evaluations.
- B. Participation in the organization's Corporate Compliance Program – includes immediately reporting issues, actively participating in required trainings, following HIPAA regulations, and assisting in creating a culture of compliance. Also includes compliance with written standards and all applicable federal and state laws. Participation in the Corporate Compliance Program will be considered for performance evaluations.
- C. Not currently listed as excluded or sanctioned by the Department of Health and Human Services, Office of Inspector General (OIG), the General Services Administration (GSA), or excluded from participation in any federal program. Agrees to promptly notify supervisor in the event of any such debarment, exclusion, conviction, threat, or indictment occurring during the term of employment.
- D. Failure to comply with the organization's Corporate Compliance Program, which include failure to report conduct or events that potentially violate any laws or the organization's written compliance standards will be met by

disciplinary action, up to and including possible termination.

**IV. Accountable to Whom:**

- A. Chief Medical Officer
- B. Chief Executive Officer

**V. Methods of Accountability:**

- A. Interface with Medical Director, Chief Executive Officer, and other members of the GCCHC management team.
- B. Individual management meetings as scheduled.
- C. Periodic performance evaluations.

**VI. Staff Directly Supervised:**

- A. None.

**VII. Programs Directly Supervised:**

- A. FQHC Look-Alike (“Health Center”) Quality Program
- B. Ryan White Part C Early Intervention Services Quality Program
- C. Ryan White Part B Quality Program (co-supervised with Director of Ryan White Client Services)
- D. Quality Management Committee
- E. Quality project teams
- F. Corporate Compliance Program
- G. Risk Management Program
- H. Patient Safety Program

**VIII. Qualifications:**

- A. Ability to think proactively and function independently.
- B. Excellent interpersonal skills and ability to work effectively with others in the workplace.
- C. Strong computer skills with extensive experience in Microsoft Excel, PowerPoint, and Word software applications.

- D. Must possess a strong understanding of HIPAA regulations.
- E. Effective verbal and written communication skills and the ability to present information clearly and professionally to varying levels of individuals across the organization.
- F. Must be detail-oriented and able to manage complex projects and multiple tasks.
- G. Must maintain high level of professionalism and ensure confidentiality.
- H. Treat clients, staff, volunteers, board members, etc. with dignity and respect.
- I. Offer assistance to coworkers as needed.
- J. Demonstrate initiative by actively participating in the resolution of problems.
- K. Ask for assistance when learning new information or job duties.
- L. Take all necessary measures to properly use and maintain supplies and equipment.
- M. Respect the rights of coworkers to a productive workplace.
- N. Adhere to all practices specified in the Employee Handbook and organizational Operating Procedures.

**IX. Education and/or Experience:**

- A. Degree in Nursing, Health Informatics, Healthcare Administration, or a related discipline is required.
- B. LPN or RN License for the State of Louisiana if degree is in Nursing.
- C. Three (03) years minimum of progressive administrative leadership experience in quality and patient safety activities with demonstrated ability in design and implementation of performance improvement activities in a healthcare setting, including skillful application of continuous quality improvement and patient safety sciences.

**X. Physical Demands:**

- A. While performing the duties of this job, associate is regularly required to sit, stand, and walk.

- B. Carry supplies and other materials as needed during the normal course of work.

**XI. Work Environment:**

- A. Medical clinic environment

**XII. Other:**

- A. Failure to comply with the organization's Compliance Practices, which include failure to report conduct or events that potentially violate any laws or the organization's written compliance standards will be met by disciplinary action, up to and including possible termination.
- B. Contribute to GCCHC's culture of quality through active participation in GCCHC's Quality Management Program.
- C. Attendance at meetings and conference calls as scheduled by GCCHC.
- D. Any other duties as assigned by supervisor and/or senior management.