



## Klamath Tribal Health & Family Services

3949 South 6<sup>th</sup> Street  
Klamath Falls, OR 97603  
Phone: (541)882-1487 or 1-800-552-6290  
HR Fax: (541)273-4564

**OPEN: 03/08/19**  
**OPEN UNTIL FILLED**

EXEMPT  X   
NON-EXEMPT      

### POSITION DESCRIPTION

**POSITION:** QUALITY ASSURANCE SPECIALIST

**RESPONSIBLE TO:** Compliance Administrator

**SALARY:** GS-11 \$50,532 - \$65,682 Annual/Full Benefits  
GS-12 \$60,560 - \$78,728 Annual/Full Benefits  
GS-13 Only for employees with 10+ years of service

**CLASSIFICATION:** Professional/Management/Full-time/Regular

**LOCATION:** Klamath Tribal Health & Family Services  
3949 S. 6<sup>th</sup> Street, Klamath Falls, OR 97603

Klamath Tribal Health & Family Services - Wellness Center  
330 Chiloquin Blvd., Chiloquin, OR 97624

### POSITION OBJECTIVES

Under the direction of the Compliance Administrator, the Quality Assurance Specialist is responsible for ensuring that the mission of Klamath Tribal Health & Family Services is supported by the quality of its management structure and systems.

The Quality Assurance Specialist is a recognized leader within the organization and is responsible for the development, coordination, integration, and assessment of quality of care activities in accordance with the mission and strategic goals of the organization and in conformity with applicable regulations, requirements of funding sources, and ambulatory health care standards.

The incumbent provides skilled implementation and assessment of quality improvement techniques and risk management activities. The incumbent will work with Program Directors to oversee the collection, analysis, and reporting of quality measures. The incumbent serves as Chair of the Quality Management & Improvement Committee and submits regular reports on activities and measures to stakeholders. The Quality Assurance Specialist will lead the organization in preparing for quality of care audits and accreditation surveys.

## **MAJOR DUTIES AND RESPONSIBILITIES**

1. **QM&I Program.** Develop, integrate, and administer a written Quality Management and Improvement Program that is broad in scope to address clinical, administrative, and cost-of-care performance issues and patient outcomes. The Program must be data-driven and peer-based, linking peer-review, quality improvement activities, and risk management in a systematic way.
2. **CQI Plan.** Develop and implement the Continuous Quality Improvement Plan (CQIP) in accordance with the organization's mission, strategic goals, applicable laws and regulations, and accreditation standards. Assess plan periodically.
3. **Strategic Planning.** Partner with the Health General Manager and Clinical Program Directors to identify and establish quality of care priorities selected for ongoing monitoring and improvement.
4. **Leadership.** Serve as Chairperson of the Quality Management & Improvement Committee. Lead, facilitate, and support the organization in its quality management & improvement activities. Coordinate meeting logistics—meeting calendar, agenda, minutes, training activities, provider in-service events, etc. Provide annual evaluation of the effectiveness of CQI activities.
5. **Quality Systems.** Develop and implement systems including policies and other mechanisms for the identification, collection, and analysis of performance data.
6. **Ongoing Monitoring.** Coordinate quality initiatives such as patient satisfaction, peer reviews, and identifying poor performance indicators. Collect and analyze patient satisfaction survey data, identify areas for improvement. Direct activities that ensure continuous quality improvement occur across multidisciplinary clinical functions. Target and prioritize low-performing indicators with improvement strategies, develop planning timeline to address them, and track changes to ensure strategies have been effective.
7. **Reporting Mechanisms.** Identify opportunities for improvement, lead quality studies, and present findings to the Quality Management & Improvement Committee and to the KTHFS Governing Body (the Klamath Tribal Council).
8. **Risk Management.** Serve as the Risk Manager Designee, in fulfillment of the organization's Risk Management Program Policy & Procedure (RIM-2015-1000).
9. **Accreditation.** Oversee the ambulatory health care accreditation process as it relates to quality improvement and risk management activities. Ensure conformity with the quality and safety standards set forth by the AAAHC, Inc. Achieve accreditation readiness by:
  - a. Establishing and leading the KTHFS QM&I Committee

- b. Identifying, monitoring and reporting on QM&I Committee goals, activities and objectives
- c. Coordinating quality studies (minimum of two per year)
- d. Conducting annual patient satisfaction surveys (twice per year)
- e. Analyzing reporting data on patient grievances or complaints in partnership with the QM&I Committee
- f. Analyzing reporting data on accidents, adverse incidents or near-miss events; developing corrective action plans with Program Directors
- g. Offering QM&I training and guidance at all levels within the organization to ensure active and ongoing QM&I practices; Educating staff on the CQIP, Risk Management processes, and their respective responsibilities in conforming with KTHFS policies and accreditation standards
- h. Communicating QM&I activities and findings to all stakeholders
- i. Providing support to Clinical Program Directors on conducting and reporting on Peer Review activities
- j. Leading the organization in preparing for quality of care audits and accreditation surveys

10. **Emergency Preparedness (EP).** Serve as the designated EP Coordinator for KTHFS. This includes managing the Oregon Health Authority Tribal Health Emergency Preparedness Program (PHEP) grant. The PHEP will address mitigation, preparedness, response and recovery phases for public health emergencies through plan development and revision, exercise and response activities based on the CDC identified Public Health Preparedness Capabilities.

11. Actively participate on various committees in order to further the mission of KTHFS and the goals of the Quality Management & Improvement Program, including but not limited to:

- a. Credentialing Committee
- b. Emergency Preparedness Team
- c. Employee Safety Committee
- d. New Employee Orientation Team
- e. Quality Management & Improvement Committee
- f. Risk Management (includes Patient Safety and Infection Control)

12. Submit an End of Month Report of activities to the HGM.

13. Incumbent must remain continually up-to-date on changing legislation, technology, and health care issues in order to implement solutions to problems or to assure the Quality Management & Improvement Program is meeting recognized standards, mission, objectives and goals of Klamath Tribal Health & Family Services.

14. Under the general supervision of the Medical Director, and for the purpose of maintaining clinical competency and registered nurse licensing requirements, the incumbent is also assigned to perform nursing duties on behalf of the KTHFS Medical Clinic.

15. The incumbent will be called upon to accomplish other tasks within their scope of work.

### **SUPERVISORY CONTROLS**

The purpose of the work is to establish criteria and assess effectiveness of patient treatment. Work is performed under the general supervision of the Compliance Administrator. The incumbent works independently to accomplish Quality Improvement objectives and specific assignments, plans, priorities and organizes own work. Determines sequence of assignments and seeks advice from experts when situation requires. Work is evaluated on effectiveness and timeliness in meeting the established objectives. Incumbent must use judgment in assessing program needs and interpreting guidelines to determine a course of action when any of several may be appropriate.

Incumbent is responsible for interpreting regulations and policies when developing specific policies for Klamath Tribal Health & Family Services. Incumbent will rely on Klamath Tribal Health & Family Services' policies and procedures and any other applicable health care law, regulations, standards, and guidelines. These guidelines may require contentious interpretation, judgment and adaptation to a rural cultural setting and application to a changing health care field.

Work requires substantial depth of analysis applied to health promotion, disease prevention and health care functions and issues (legislation, regulation, policy assessment, administration, education and clinical practice). Incumbent is required to make non-standardized and varied complex decisions on administrative and professional issues covered by general policies, procedures and regulations. Incumbent solves problems that do not have clear-cut answers.

Complexity is enhanced by the varieties of health care disciplines, diversity of population served, and number of health care problems facing the served population.

### **KNOWLEDGE, SKILLS, ABILITIES**

- Knowledge of the basic principles of applicable laws and regulations (e.g., CMS, HIPAA Omnibus Rule, PPACA, FTCA, OSHA, P.L.93-638 Contracts, etc.).
- Knowledge of ambulatory care accreditation standards (AAAH) and the survey process.
- Knowledge and proficiency in the use Electronic Health Records, including analysis and interpretation of data using computer-based disease registries and population management software (e.g., i2i Tracks, NextGen) or similar data collection systems.

- Knowledge of quality improvement principles, theories, concepts and clinical practice guidelines, accepted clinical practice, and evidence based medicine.
- Knowledge, understanding and commitment to the principles and practices of: risk management, clinical and tribal governance, patient and staff safety, patient rights, and patient satisfaction.
- Knowledge of the basic budget process relating to the program and organization.
- Must demonstrate a high level of integrity, sound judgment, and interpersonal communication and presentation skills.
- Must possess excellent oral and written communication skill. Ability to write clear concise policies, narratives and reports.
- Outstanding skills in data collection, analysis, interpretation, and presentation.
- Proficient in the use of Microsoft Office (Word, Excel, PowerPoint, and Outlook).
- Skill in facilitating/conducting training for various stakeholders: Employees/Staff, Providers, Managers, Governing Body members, etc.
- Demonstrated leadership ability.
- Must be able to work well with others in a professional team-oriented environment. Must be able to approach staff about quality issues with tact and diplomacy.
- Ability to develop and maintain effective working relationships with health care personnel from various disciplines.
- Ability to maintain strict confidentiality of medical records and adhere to the standards for health record-keeping, HIPAA and Privacy Act requirements.
- Ability to analyze clinical data, prepare written reports and plans, make informed decisions, take appropriate action and follow through within scope of responsibility.
- Ability to establish methodologies and create consensus to achieve new goals and improve outcomes effecting health care delivery.
- Ability to conduct research applicable requirements from regulatory organizations.
- Ability to adapt supervisory techniques and theories to personnel and patient issues; must base decisions on solving problems and/or removing barriers.

- Ability to plan, develop, manage, prioritize, evaluate and problem-solve in order to effectively anticipate long term needs as well as balance current work load demands.
- Knowledge of Emergency Preparedness (EP) principles including but not limited to FEMA Incident Management System (ICS), National Response Framework (NRF) and other relevant EP functions.

### **QUALIFICATIONS, EXPERIENCE, EDUCATION**

**Minimum Qualifications:** *Failure to comply with minimum position requirements may result in termination of employment.*

- **REQUIRED** to have a minimum of a Bachelor's Degree in a health-related field (*Must submit copy of diploma or transcripts with application*).
- **REQUIRED** to possess and maintain a current Registered Nursing License or other applicable licensure (e.g. pharmacist, nurse practitioner, physician, etc.) in the state of Oregon. *For out of state applicants; Oregon Licensure required within 90 days of hire. (Must submit copy of Licensure with application).*
- **REQUIRED** to have a minimum of two (2) years of progressive work experience in program development, process improvement, and evaluation of quality improvement processes.
- **REQUIRED** to provide evidence of experience demonstrating competency in strategic planning, quality improvement, program evaluation and health care financial management.
- **REQUIRED** to have computer experience, using word processing, database and spreadsheet software.
- **REQUIRED** to submit to annual TB skin testing and adhere to KTHFS staff immunization policy in accordance with the Centers for Disease Control immunization recommendations for healthcare workers.
- **REQUIRED** to submit to and clear an alcohol/drug screen and random testing as per policy.
- **REQUIRED** to submit to a background and character investigation, as per Tribal policy. Following hire must immediately report to Human Resource any citation, arrest, conviction for a misdemeanor or felony crime.
- **REQUIRED** to accept the responsibility of a **mandatory reporter** of abuse and neglect of infants and children, people who are elderly or dependent, individuals with mental illness or developmental disabilities or residents of nursing homes and other health care facilities. This

includes reporting any evidence of physical injury, neglect, sexual or emotional abuse or financial exploitation.

**Preferred Qualifications:**

- Master’s Degree in Nursing, Public Health, Health Administration, or other health-related field, from a nationally-accredited college or university.

**Indian Preference:**

- Indian and Tribal Preference will apply, as per policy. *(Must submit tribal documentation with application to qualify for Indian Preference).*

**ACKNOWLEDGEMENT**

This position description is intended to provide an overview of the requirements of the position. It is not necessarily inclusive and the job may require other essential and/or non-essential functions, tasks, duties, or responsibilities not listed herein. Management reserves the sole right to add, modify, or exclude any essential or non-essential requirement at any time with or without notice. Nothing in this job description, or by the completion of any requirement of the job by the employee, is intended to create a contract of employment of any type.

**APPLICATION PROCEDURE**

Submit a Klamath Tribal Health & Family Services **Application for Employment** with all requirements and supporting documentation to:

**Klamath Tribal Health & Family Services  
ATTN: Human Resource  
3949 South 6<sup>th</sup> Street  
Klamath Falls, OR 97603**

IT IS THE RESPONSIBILITY OF THE APPLICANT TO PROVIDE SUFFICIENT INFORMATION TO PROVE QUALIFICATIONS FOR TRIBAL POSITIONS.

Please Note: If requirements are not met, i.e., submission of a resume in lieu of a tribal application or not including a required certification, your application will not be reviewed and will be disqualified.

Indian Preference will apply. In accordance with Klamath Tribal policy, priority in selection will be given to qualified applicants who present proof of eligibility for “Indian Preference”.

Applications will not be returned.