



Klamath Tribal Health & Family Services

3949 South 6th Street
Klamath Falls, OR 97603
Phone: (541) 882-1487 or 1-800-552-6290
HR Fax: (541) 851-3985

EXEMPT X
NON-EXEMPT

Open: 03/13/2024
Close: Until filled

POSITION DESCRIPTION

POSITION: **QUALITY ASSURANCE SPECIALIST**

RESPONSIBLE TO: Compliance Administrator

SALARY: Step Range: 31 (\$66,895) – 50 (\$117,301); Full Benefits
Commissioned Corps Billet: 0-5

CLASSIFICATION: Professional/Management, Regular, Full-Time

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

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

BACKGROUND: Comprehensive

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 on the Quality Assurance/Quality 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. **QA/QI Program.** Develop, integrate, and administer a written Quality 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 a member of the Quality Assurance/Quality Improvement Committee. Lead, facilitate, and support the organization in its quality assurance and 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 Assurance/Quality Improvement Committee and to the KTHFS Governing Body (the Klamath Tribal Council). Pull reports from i2i and other databases for HGM and Managers to improve patient outcomes.
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 QA/QI Committee
 - b. Identifying, monitoring and reporting on QA/QI 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 QA/QI Committee
 - f. Analyzing reporting data on accidents, adverse incidents or near-miss events; developing corrective action plans with Program Directors
 - g. Analyze patient complaints, set up case conferences, manage care coordination and work with managers to resolve complaint timely.
 - h. Offering QA/QI training and guidance at all levels within the organization to ensure active and ongoing QA/QI practices; Educating staff on the CQIP, Risk Management processes, and their respective responsibilities in conforming with KTHFS policies and accreditation standards
 - i. Communicating QA/QI activities and findings to all stakeholders
 - j. Providing support to Clinical Program Directors on conducting and reporting on Peer Review activities, and support when external audits are on site.
 - k. Leading the organization in preparing for quality of care audits and accreditation surveys
 - l. Development and review of protocols, and policies & procedures as assigned

10. Actively participate on various committees in order to further the mission of KTHFS and the goals of the Quality Management & Improvement Program:
 - a. Credentialing Committee
 - b. Employee Infection Prevention, Control and Safety Committee
 - c. Quality Assurance/Quality Improvement Committee
 - d. Risk Management (includes Patient Safety and Infection Control)
 - e. Manager's Team
 - f. Electronic Health Records Committee

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

12. 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 Assurance & Improvement Program is meeting recognized standards, mission, objectives and goals of Klamath Tribal Health & Family Services.

13. Like all employees of the Klamath Tribes, the incumbent will be called upon to accomplish other task that may not be directly related to this position, but are integral to the Klamath Tribes' broader functions, including but not limited to, assisting during Tribal sponsored cultural, traditional, or community events that enable the successful operation of programs and practices of The Klamath Tribes as aligned with The Klamath Tribes' Mission statement. Some of these tasks may be scheduled outside of regular work hours, if necessary.

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 (AAAHC) 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, Next-Gen) 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.

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- 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.

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 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 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** in accordance with the Klamath Tribes Juvenile Ordinance Title 2, Chapter 15.64 and General Council Resolution #2005 003, all Tribal staff are considered mandatory reporters.

Preferred Qualifications:

Possess and maintain a current Registered Nursing License or other applicable licensure (**e.g. pharmacist, nurse practitioner, 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).*

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 6th Street Klamath
Falls, OR 97603
jobs@klamathtribalhealth.org**

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 **applicant who present proof of eligibility for “Indian Preference”**.

Applications will not be returned.