



QUALITY IMPROVEMENT DIRECTOR JOB ANNOUNCEMENT

Santa Cruz Community Health (SCCH) began as a women's health collective in 1974 with the mission to improve the health of our patients and the community and advocate the feminist goals of social, political, and economic equality. Now, more than 45 years later, we serve that same mission as a nonprofit Federally Qualified Health Center operating two separate sites: the Santa Cruz Women's Health Center in downtown Santa Cruz serving women and children; and the East Cliff Family Health Center in Live Oak, serving everyone.

SCCH has a diverse patient population and an engaging and friendly work environment. Our caring and committed staff works as a team to fulfill our mission so that all our patients have access to comprehensive, quality health care.

POSITION SUMMARY:

The Quality Improvement Director (QID) is responsible for creating, directing, and evaluating projects and programs that advance SCCH's mission and vision, the Quality Improvement/Quality Assurance Plan and maintenance of an Authentic Patient-Centered Medical Home (APCMH). The QID engenders a culture of continuous quality improvement, innovation, and practice transformation that enhances patients' clinical outcomes as well as patient and staff experience. The QID utilizes health information technology, reporting tools, and data systems to support the activities of the clinical care team at the point of care as well as in the planning of changes to how care is provided. The QID ensures high performance in regulatory compliance and care-based incentive programs and assists in communicating the progress of quality improvement initiatives to SCCH Staff, Leadership, and Board of Directors. The QID strives to create and maintain working and learning environments that are inclusive, equitable and welcoming.

Reports to: Chief Medical Officer

Classification: Full-time, Salary, Exempt

Location: Hybrid – Remote and onsite

Hours: varies

CORE JOB RESPONSIBILITIES:

- Oversees the Quality Improvement and Quality Assurance department in collaboration with the Quality Assurance Director.
- Directly supervises the Quality Improvement team and Data Department which consists of the Data Manager, Strategic Data Analyst, and Quality Improvement Coordinator.
- Collaborates with and guides clinical Care Team members (including Primary Care Providers, Medical Assistants, Behavioral Health Providers, Registered Nurses and others) and Operational Care Team Members (including call center, front office, medical records, and others) to establish QI processes throughout the organization.
- Designs and employs QI tools for use at the point of care, including Order Sets, Huddle Worksheets, Health Maintenance Flowsheets, and others as developed.
- Supports the Data Department to design and disseminate tools (reports, dashboards, etc.) in collaboration with the Data Manager.
- Uses existing data systems to identify areas in need of quality improvement across the organization.
- Works with Risk Committees to identify appropriate metrics and new collection sources and methods.
- Oversees data validation processes and refines data management procedures for the collection and analysis of data in collaboration with Data Manager.



- Employs Plan-Do-Study-Act cycles (PDSAs) and other “tests of change” to design and disseminate optimal workflows, in collaboration with Care Teams, managers, QIC, etc.
- Provides support to care teams, incorporating QI methodologies and transformation strategies into their function and design.

Organizational Support

- Understands and applies National Committee for Quality Assurance (NCQA) PCMH concepts, and designs and supports new methods of care delivery and care team organization to advance patient-centeredness and quality.
- Analyzes and reviews processes, policies, and systems on an ongoing basis to ensure they are aligned with current and updated NCQA PCMH standards.
- Ensures that all new hires are trained in PCMH processes, policies, and workflows. Including but not limited to care coordination, empanelment, team-based care, access, patient experience/satisfaction, etc.
- Acts as PCMH project manager and leads annual submission of NCQA’s annual report to maintain PCMH recognition for each recognized site.
- Champions the adoption of standardized best practices and lessons learned across disciplines and departments at the Care Team level and at organizational level using communication tools, published workflows, staff meetings, events and trainings.
- Assists in the development, writing, and implementation of Policies and Procedures pertaining to Quality Improvement, Practice Transformation and APCMH.
- Identifies opportunities to support QI efforts through evaluation, testing, and/or integration of EHR functionality and other HIT systems.
- Approaches changes to the EHR or other IT systems with consideration to data governance.
- Understands data collection and reporting structures as defined by regulation (eg UDS - Uniform Data Set, Meaningful Use, etc.), health plan incentives (ie the Central California Alliance for Health’s Care-Based Incentive Program), and others as warranted.
- Serves as the main point of contact for assigned HRSA UDS Reviewer on an annual basis.
- Ensure timely and accurate UDS and OSHPD reporting in collaboration with the Finance department. Activities include interpreting reporting specifications, auditing reports, and reviewing dashboards.
- Oversees organizational data submission and sharing to external entities in collaboration with the Data Manager as needed. Includes routine data submission for health plan incentives, audits, grants etc.
- Researches outside organizations, and partakes in training opportunities, and works with partners, consultants, and experts to guide SCCH’s QI efforts.
- Assesses need for and facilitates education, training, and technical assistance for staff to ensure compliance with QI efforts.
- Leads or participates in work teams related to QI and functions as a coach, where appropriate, to support Care Teams in team building, fostering patient-centeredness, and practice transformation.
- Assists in preparation and coordination of regularly-scheduled QI/QA meetings with QA Director and performs all necessary follow-up duties, including clarifying and tracking action items and documentation of minutes, participants, and resulting activities.
- Perform other duties and responsibilities as requested

COMPETENCIES:

Job Expertise

- Demonstrates knowledge of applicable clinical principles and practices
- Demonstrates knowledge and use of clinic policies and procedures as well as applicable federal and state rules and regulations



- Applies technical and procedural skills efficiently and effectively
- Successfully gathers and uses information, procedures, materials, equipment and techniques required for position
- Demonstrates ability to effectively use Electronic Health Records (EHR)

Customer Service

- Provides patient-centered customer service at all times
- Demonstrates the ability to anticipate patients' needs and deliver services and respond to patients in a timely, accurate, courteous, respectful and friendly manner
- Demonstrates ownership, initiative, attention to detail, and follow-through
- Approaches problem-solving by focusing on patients first
- Advocates for care that best serves the patient
- Addresses customer complaints/problems in a timely manner

Communication Skills

- Oral and written communication is clear, concise, accurate, positive and respectful
- Demonstrates comprehension of oral and written questions, instructions, and information rapidly, thoroughly, and accurately
- Response to oral and written questions, instructions, and information is timely and appropriate
- Written communication is well-organized, legible, concise, neat, and in proper grammatical form
- Checks work related email and mailbox on a daily basis

Teamwork and Interpersonal Skills

- Dealings with others are characterized by fairness, courtesy, diplomacy, honesty, firmness, empathy and confidence
- Effective in offering support and assistance to others, in obtaining information from others, and in supplying information to others
- Demonstrates a positive attitude, flexibility and ability to develop effective relationships by helping others accomplish tasks and using collaboration and conflict resolution skills

Judgement & Problem Solving

- Uses critical thinking and common sense to analyze situations, make timely and valid decisions, and take appropriate actions
- Demonstrates good judgment in making decisions
- Resolves issues independently and only seeks assistance as needed

Reliability

- Completes assigned duties and responsibilities in an accurate, timely and efficient manner
- Arrives to work on time and maintains consistent attendance
- Follows instructions and appropriate procedures
- Maintains patient confidentiality as required by HIPAA

Personal Development

- Attend required annual in-service programs
- Comply with all trainings, drills, policies and procedures concerning safety
- 100% attendance to mandatory skills/competencies updates yearly required
- Maintain licensure requirements, if applicable



QUALIFICATIONS:

Minimum Qualifications:

- Clinical, health care, or public health professional with at least two years of professional experience working in a health center or clinical setting.
- Proven and recurring success in directing and managing projects within the expected timeline.
- Experience in program design, implementation, and evaluation.
- Ability to multi-task, prioritize and work under deadlines.
- Ability to strategize and plan as well as apply and track practical solutions.
- Extensive knowledge and experience with industry-leading quality improvement methods and tools.
- Proficient technology skills: MS Office applications (Excel, Visio, Word, PowerPoint), Outlook, Microsoft Teams, EHR systems.
- Demonstrated ability to work across and lead various groups and teams.
- Excellent communication (verbal and written) in English and presentation skills.

Preferred Qualifications:

- Bachelor's degree in nursing, health services administration, public health, or related field from an accredited college or university.
- Experience working with under-resourced populations.

Skills & Knowledge:

- Knowledge of standard clinical healthcare practice policies and procedures.
- Experience working on computers and Knowledge of Microsoft Office software products.
- Ability to work with practice management and EHR systems.
- Knowledge of health insurance plans.
- Knowledge of healthcare terminology, procedures, and practice.
- Knowledge of HIPAA regulations.
- Knowledge of data warehousing, analytics, and visualization
- Excellent verbal and written communication skills.
- Knowledge of personnel management and labor law as it relates to this position.
- Ability to work independently and to use good judgment.
- Ability to work effectively and harmoniously with co-workers.
- Possess empathy towards the needs of others with excellent leadership and coaching skills.
- Actively works to maintain a good working relationship and team approach with peers and co-workers.

WORK CONDITIONS:

Working conditions are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential functions. Variations in conditions may occur under certain circumstances.



SALARY AND BENEFITS:

Competitive compensation & benefits package are available to staff working at least 20 hours per week. Paid time off and paid holidays accrue from date of hire. Paid License(s) and CME (fees and days off). Employer subsidized group health, dental, vision and life insurance plans the first of the month after 30 days of employment. Automatic 2% enrollment in an Employer sponsored 401K plan with a 2% retirement match.

APPLICATION PROCESS:

To apply, download our employment application on our [Careers page](#). Submit application, current resume and letter of interest to [Human Resources](#). No phone inquiries, please.

SANTA CRUZ COMMUNITY HEALTH IS AN EQUAL OPPORTUNITY EMPLOYER (W/M/V/D)