

QUALITY IMPROVEMENT COORDINATOR

DISTINGUISHING FEATURES OF THE CLASS:

This is a professional position involving the coordination of the quality assurance and utilization review programs of the Dutchess County Department of Behavioral and Community Health. This position is responsible for reviewing the quality of care and the quality of reporting across the department and working with departmental staff to make changes and improve standards where necessary. In addition, this position must be knowledgeable with all applicable regulations, standards and clinical standards for all populations served by the Department. Other duties include assisting, planning, and directing the implementation of Quality Improvement initiatives across the department. The incumbent also serves as a liaison between the department, contract agencies, hospitals and the Quality Improvement Committee. The work is performed under the general supervision of the Commissioner who serves as the Compliance Officer of the department. Supervision of staff involved in compliance and quality review may be a function of this position.

TYPICAL WORK ACTIVITIES:

The following is indicative of the level and types of activities performed by incumbents in this title. It is not meant to be all inclusive and does not preclude a supervisor from assigning activities not listed which could reasonably be expected to be performed by an employee in this title.

1. Directs and participates in the record keeping and utilization review of all admissions into the Department of Behavioral and Community Health;
2. Directs and participates in selected compliance reviews to determine appropriateness of treatment and reporting including admissions and length of stay reviews;
4. Prepares reports on clinic records compliance and submits findings and recommendations for improvement to administrators responsible for those units;
5. Serves as liaison between the agency, regulating agencies, hospitals, healthcare providers, and the Quality Improvement Committee;
6. Assist and participates in committee meetings dealing with compliance, quality improvement and utilization review;
7. Assists with compliance reviews and implements needed changes for accreditation with various agencies such as the Joint Committee on the Accreditation of Hospitals, Medicare and Medicaid programs, and local, state and federal regulating and accrediting agencies;
8. May act as the Corporate Compliance Officer which will involve monitoring and tracking all procedures and reports, and training any new employees in corporate compliance;
9. May act as the HIPPA consultant to advise staff and assure that policy and procedures are adhered too, and will reports all breaches to the Commissioner;
10. Completes regular statistical and narrative reports for the Commissioner and discusses findings with the Quality Improvement Committee and other administrative staff;
11. Assists and coordinates in-service training to departmental and contract agency staff on procedures related to quality improvement and compliance;
12. Identifies needed changes and clarifications on compliance and quality improvement programs, including utilization review of activities, and participates in related corrective plans/actions to make necessary changes, including ongoing monitoring of corrective actions to ensure follow up;
13. Participates in the design, data collection and analysis of performance measures and quality improvement activities for the department and contract agencies;

QUALITY IMPROVEMENT COORDINATOR (Cont'd)

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES:

Good knowledge of the factors which contribute to behavioral and community health, and of therapeutic techniques to treat those affected; good knowledge of the terminology of the field; good knowledge of the services, policies and procedures of the Department of Behavioral and Community Health; thorough knowledge of the principles and practices of compliance, quality improvement, and utilization review; working knowledge of the services, policies and procedures of community health and human service agencies; good knowledge of statistics; good knowledge software packages for word processing to produce memos and letters, database management and spreadsheets to compile and produce lists and reports, and organize and maintain data; ability to coordinate the work of different groups and individuals; ability to communicate effectively, both orally and in writing; ability to work effectively with a variety of people; good judgment; personal characteristics necessary to perform the duties of the position; physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS:

- EITHER: (A) Graduation from a regionally accredited or New York State registered college or university with a Master's degree in Nursing, Public or Business Administration, Health or Human Service Administration, or a closely related field PLUS two (2) years of full-time work experience that involved direct patient care, one (1) year of which must have included quality improvement in a health or human service field;
- OR: (B) Graduation from a regionally accredited or New York State registered college or university with a Bachelor's degree in Nursing, Public or Business Administration, Health or Human Service Administration, or closely related field PLUS three (3) years of full-time work experience as described in (A);
- OR: (C) Graduation from a regionally accredited or New York State recognized college or university with an Associate's degree in Nursing, Public or Business Administration, Health or Human Service Administration, or closely related field PLUS five (5) years of full-time work experience as described in (A);
- OR (D) An equivalent combination of education, training and experience between the limits (A) and (C) above.

SPECIAL REQUIREMENT

Possession of a New York State Driver License at time of appointment.

MH0215

ADOPTED: 03/18/82

REVISED: 01/10/83 09/14/83 12/20/86 07/01/91
01/01/98 (CIC from Quality Assurance Coordinator) 05/11/2015
6/18/2015