

QUALITY COORDINATOR SERIES

<u>Code No.</u>	<u>Class Title</u>	<u>Occ. Area</u>	<u>Work Area</u>	<u>Prob. Period</u>	<u>Effective Date</u>	<u>Last Action</u>
4589	Quality Specialist	03	441	6 mo.	00/00/00	New
4590	Quality Coordinator	03	441	6 mo.	00/00/00	New

Promotional Line: 210

Series Narrative

Employees in this series provide and/or assist in providing leadership, consultation, and coordinating support to the Medical Center and/or university student health center, regarding all aspects of quality improvement, with the goal of achieving improved service excellence of safe, efficient, and effective patient care outcomes that meet the expectations of our patients and regulatory groups.

DESCRIPTION OF LEVELS OF WORK

Level I: Quality Specialist

4589

An employee at this level under the general supervision of the Quality Coordinator conducts retrospective medical audits through collection and compilation of background data from a variety of sources, and displays the results of the findings through the development of statistical reports. In addition, the Specialist performs follow-up reviews to insure that the clinical staff has conformed to recommendations which were based upon the results of earlier audits.

A Quality Specialist typically –

1. validates audit criteria
 - a. identifies data sources, such as medical records, pharmacy reports, financial reports, requisitions, etc., to determine whether or not sufficient information is available to conduct the audit
 - b. reviews existing criteria for clarity and measurability
 - c. collaborates with appropriate health care professionals to confirm acceptable health care practices, and processes or outcomes which document them
 - d. insures that there is a mutual understanding with the clinical staff of the criteria which are to be measured
2. collects data
 - a. designs forms appropriate for the recording of data
 - b. retrieves pertinent data from information sources which include medical records, log books, departmental reports of activities, financial statements, etc.

- c. screens data to determine whether or not each element of the criteria has been met
 - d. recommends program developmental needs to data processing personnel to accommodate statistical treatment of data
 - e. uses computer applications to assemble and analyze patient data for the purpose of improving patient care or controlling costs
3. analyzes and displays data
 - a. prepares preliminary data displays for review and analysis by the Utilization Review-Medical Audit (UR-MA) Committee. These displays serve as a prelude to the review of individual cases by the Committee that show non-conformance to the criteria. Such displays assist the Committee in determining whether or not deviations from the criteria are justified, and to identify criteria which need to be modified, augmented, or deleted, e.g., care occasionally varies from the criteria but complies with standards for high quality
 - b. prepares final tabulation, statistical display, and summarization of data relevant to the audit subject after the UR- MA Committee has reviewed and analyzed the abstract of cases which do not conform to criteria and have noted their findings
 4. maintains indices
 - a. keeps records related to selected components of the overall medical care evaluation system, such as institutional generated length-of-stay percentiles for various diseases/conditions, complication rate, compliance with critical management of complications, etc.
 - b. ensures the quality of medical records by verifying their completeness, accuracy, and proper entry into computer systems
 5. provides follow-up to and surveillance of results of medical audits
 - a. following the audit analysis and decisions reached by the UR-MA Committee, prepares the final audit report containing the specific follow-up recommendation, such as the monitoring of certain elements of patient care, specific educational programs, etc.
 - b. upon recommendation of the UR-MA Committee, provides continuing surveillance of designated aspects of the audit and routinely reports findings to the committee
 6. develops profiles related to all aspects of the medical audit process, such as frequency distributions
 7. performs the abstraction process of quality metrics prioritized by medical center leadership, including national core measures and other quality initiatives
 8. utilizes all available hospital systems as a data information source in order to compile summary of statistical information, to drive improvement in healthcare processes and outcomes

9. performs related duties as assigned

Level II: Quality Coordinator**4590**

Under general supervision of the chief of staff designate for the quality assurance program, an employee at this level is responsible for the direction of the medical audit function, through supervising lower level specialists and performing the more complicated and/or sensitive audit reviews. In addition, the Coordinator makes recommendations to the Medical Center and/or university health center leadership regarding quality goals and helps insure that all departments within the centers are working toward those goals.

A Quality Coordinator typically –

1. assists the clinical staff in selecting areas which warrant auditing, e.g., medical or other ancillary services
 - a. suggests potential problem sources to clinical staff, based upon known practices and knowledge of departmental procedures
 - b. assists clinical staff by identifying specific topics of audit concentration
 - c. recommends data sources and chooses sample to be audited
 - d. collaborates with clinical staff on establishing audit criteria, insuring that all items can be objectively measured and validated by the audit team
 - e. performs pilot test of audit criteria utilizing small preliminary sample
2. establishes priorities and assigns audit and other related projects to lower level Specialists and monitors progress throughout the procedures
 - a. provides appropriate instruction and guidance to the Level I Specialist based upon knowledge of the clinical information required and audit theory to include the structure and form in which the theory must be expressed to be effectively measured
 - b. approves major changes in audit directions occurring as a result of availability of data or other related problems
 - c. reviews all completed data displays for accuracy and form prior to presentation
3. supervises subordinates in an assigned area of quality assurance program
 - a. interviews applicants and recommends hiring
 - b. assigns work to subordinates
 - c. orients and trains subordinates
 - d. evaluates work of subordinates and recommends discipline and termination

- e. assists subordinates with difficult evaluations
4. performs difficult audit reviews including those requiring extensive research or lack of criteria. Such audits might include studies or areas which might be defined as other than routine, i.e., computerized axial tomography or cardiopulmonary resuscitation subjects
5. develops policies and internal procedures for the medical audit section of the quality assurance program; facilitates medical center quality improvement teams through an established process of guideline development, education strategy implementation, data collection, analysis of performance in comparison to external benchmarks, redesign of processes, and continuous evaluation of effectiveness
6. participates in coordination and support of national quality initiatives such as those defined by The Joint Commission, Centers for Medicare and Medicaid Services (CMS), Agency for Healthcare Research and Quality (AHRQ), National Quality Forum (NQF), Institute for Healthcare Improvement (IHI), and others which the medical center participates in
7. provides liaison between medical audit section and AHRQ; provides consultation or referral on The Joint Commission and CMS standards related to regulatory standards for healthcare
 - a. insures that all specified conditions are implemented
 - b. responds to inquiries concerning status and evaluation of medical audits
8. keeps abreast of all directives and current information issued by AHRQ/The Joint Commission and other regulatory agencies
9. reviews measurability and validity of criteria utilized for audits affecting ancillary services, such as Dietary, Physical Therapy, and Occupational Therapy
10. serves as consultant to Hospital Administration and all faculty and staff, in development of quality improvement programs, to meet program specification and external requirements
11. educates departmental quality administrators, liaisons, and others on all aspects of quality improvement, including standards, processes, tools, and data analysis; motivates and guides individuals to fulfill objectives of the medical centers quality improvement process
12. collaborates with all programs within the medical center, including Safety and Risk Management, Medical Staff Services, Infection Control, Managed Care, and others in meeting program goals and objectives
13. performs duties at lower levels
14. performs related duties as assigned

MINIMUM ACCEPTABLE QUALIFICATIONS FOR ENTRY INTO ALL LEVELS OF SERIES

CREDENTIALS TO BE VERIFIED BY PLACEMENT OFFICER

1. Bachelor's degree
2. Two (2) years (24 months) of experience in quality improvement or an associated program which require similar functions and skills

KNOWLEDGE, SKILLS AND ABILITIES (KSAs)

1. Knowledge of investigative techniques
2. Knowledge of medical terminology and medical science to include: disease processes (symptoms, diagnoses and treatments) along with-various laboratory and operative procedures
3. Knowledge of data collection methods, statistical techniques and report preparation
4. Knowledge of the legal aspects of governmental and regulatory agency requirements as they affect the health care facility
5. Knowledge of the regulations affecting the confidentiality of patient records
6. Knowledge of the medical record system, with the ability to read, interpret and compare relevant information from the patient's medical record with specific criteria, to document results, and to collate and present accumulated data in meaningful manner
7. Verbal and written communication skills
8. Analytical ability
9. Statistical knowledge/background (e.g., mathematical ability adequate for preparing statistical reports, such as variation indices, percentiles, measures of central tendency and frequency distributions)
10. Knowledge of CMS' dashboard data system

ADDITIONAL MINIMUM ACCEPTABLE QUALIFICATIONS REQUIRED FOR ENTRY INTO**Level II: Quality Coordinator****4590**

CREDENTIALS TO BE VERIFIED BY PLACEMENT OFFICER

1. Master's degree
2. Current certification as a Certified Professional in Healthcare Quality

3. Four (4) years (48 months) of experience performing work equivalent to the duties specified in Level I of this series

KNOWLEDGE, SKILLS AND ABILITIES (KSAs)

1. Knowledge of computer information systems as they relate to the audit function
2. Knowledge of medical audit practices
3. Ability to train and/or supervise staff
4. Ability to evaluate the impact of changes in program policies and procedures upon daily work duties and ultimate program objectives
5. Ability to organize work and to work independently
6. Ability to develop educational materials related to medical audits and to conduct formal presentations
7. Knowledge of classification systems and medical terminologies
8. Knowledge of medical, administrative, ethical, and legal requirements and standards related to healthcare delivery and the privacy of protected patient information