Position Description

Position Title: Quality Manager	**Division:** Administration
Reports To: General Manager Health Services	**Direct Reports:** Nil

Primary Objective:

The primary purpose of the Quality Manager is to provide leadership and support for the Quality and Clinical Health Governance Program in conjunction with the Strategic Implementation Group (SIG). The role will drive a culture of continuous quality improvement across the organisation. The Clinical Governance Program incorporates organisation wide accreditation processes, clinical risk management, patient and resident feedback, legislative compliance, consumer participation and practice improvement and associated policy management. This position will also oversee the day to day running of the organisation's incident reporting systems.

Position Dimension & Decision Making Authority:

Without referral to manager –

- Represent TDHS at regional Quality meeting
- Represent TDHS at SWARH Riskman meeting
- Manage all day-to-day Quality and Clinical Governance matters

After consultation with manager or others –

- Assist staff with compliance audit and information regarding National Healthcare Standards
- Support the Quality and Risk subcommittee of the Board of Management
- Assist TDHS with regulatory reporting

Referred to managers or others –

- Any matters outside scope of the role requiring action or input from the Directors or CEO

Key Communication Contacts:

Contact/Organisation	Purpose/Frequency of Contact
CEO	Assist with organisational Quality and Continuous Improvement management
General Manager Health Services and Senior Manager (Business, Strategy & Risk)	Assist Directors with Quality, clinical governance and continuous improvement matters within their directorates
Nurse Unit Manager (NUM) /Middle Managers	Assist NUM/middle managers with Quality, clinical governance and continuous improvement matters within their divisions/units
Strategy Implementation Group (SIG)	Regular contact to report on continuous improvement initiatives, clinical governance matters and regulatory compliance status

Position Description

	Exec Quality Meeting	Monthly
	Board Committees	Infrequently as requested by CEO
	Organisational Staff	Frequent ongoing contact to achieve primary objectives

Key Accountabilities

Key Result Area	Major Activities	Performance Measures:
1. Clinical Governance	• Review, reinvigorate and implement the ongoing TDHS Clinical Governance Program in line with TDHS strategic plan and Quality & Audit Plan. • Work collaboratively with members of the multi-disciplinary workforce to implement clinical effectiveness priorities in line with TDHS strategic plan and Quality & Audit Plan. • Undertake clinical audits as required.	• Regular attendance at the executive quality meeting • Attendance and development of the agenda of the quarterly Quality and Risk meeting • Evidence of and satisfactory outcomes of the Clinical Governance Program
2. Accreditation	• Coordinate TDHS' preparation, reporting and onsite survey activities for accreditation including against the following standards and requirements: EQuIP National Standards Aged Care, National Safety and Quality Health Service (NSQHS), Home and Community Care (HACC) and Australian Council on Healthcare (ACHS) Accreditation Standards, etc.	• TDHS receives accreditation status through ACHS National Standards and other all required accreditation programmes with all standards achieving a satisfactorily met rating. • Maintenance of a suitably organised repository of clinical audit and quality improvement reports as evidence for accreditation and sharing of knowledge • Competent use of Assessment tools
3. Quality Monitoring and Clinical Risk Management	• Establish and sustain quality monitoring and reporting systems and processes;	• Provide quarterly reports to the Board and Executive re: quality indicators

	• Identify areas of clinical risk and initiate strategies to minimise that risk across the health service; • Ensure organisational compliance with relevant regulatory and statutory bodies; • Promote and coordinate appropriate clinical audits, data collection and performance indicator development, monitoring and reporting; • Develop and maintain audit databases that capture audit results, quality improvement reports and outcomes; • Management of the incident and feedback modules of the Riskman data base.	• Databases are kept and maintained, information is distributed to relevant stakeholders with recommendations and pro-actively supported • RiskmanQ used effectively and maintained including education for staff
4. Legislative Compliance	• Review the organisation's current legislative compliance framework against relevant regulatory and statutory requirements.	• Management of the legislative compliance register • Provision of reports to the CEO regarding legislative compliance as required.
5. Consumer Participation	• Develop and implement an appropriate Consumer Participation Strategy for TDHS; • Undertake additional projects related to Consumer Participation as required.	• Ensure all TDHS publications involve consumer input. • Ensure all consumer representatives undergo an appropriate orientation to their position
6. Practice Improvement	• Provide leadership in the evaluation and implementation of clinical practice improvement projects and strategies; • Review current patient safety initiatives/strategies, practices and guidelines, including (but not limited to)	• Provide quarterly reports to the Board and Executive re: quality indicators • Reports are provided to the Department of Health (with Executive approval) ensuring reporting time lines are met.

	○ Patient/Resident Falls ○ Wound care ○ Medication errors	
7. Education	• Work collaboratively with the SIG to promote clinical governance, quality improvement, audit and monitoring to ensure engagement in continual service improvement; • Actively participate in TDHS performance reviews.	• Staff receive annual training in RiskmanQ • Attendance at in-service education, study days and conferences as appropriate to the role, personal development and requirements of TDHS • All mandatory training is completed within timeframes
8. Organisational Infection Control and Quality Improvement Standards	• Ensure all practice is conducted in accordance with infection control policies, procedures and standards; • Participate in relevant organisational quality accreditation processes; • Participation in quality improvement activities; • Complies with all TDHS mandatory training requirements.	• Adherence to infection control and quality standard legislative requirements at all times • Demonstrated participation in accreditation processes • Evidence of continuous improvement • Evidence of completion of all mandated training by annual date
9. Code of Conduct and Equal Opportunity	• Develop and maintain sound knowledge of and commitment to TDHS policies and procedures; • Ensure that you engage in behaviour that treats other staff fairly, equitably and not subject to any form of discrimination or harassment; • Demonstrate and abide TDHS's Workplace Code of Conduct, including the core values: Accountable, Excellence, Respectful, Integrity	• Aware of and promotes TDHS policies and procedures • Core values are reflected in decision making and everyday behaviour • Adherence to the TDHS Code of Conduct • Participation and compliance of all occupational health and safety policies and procedures (including emergency response) • Consumers are made to feel welcome and

	and Compassion; • Participate in promoting a safe working environment; • Ensure an appropriate level of customer service is provided, demonstrating a friendly and supportive approach to our consumers.	supported at all times

Key Challenges:	**Person Specification:**
• Engagement of staff in Quality, Clinical Governance and Continuous Improvement • Management of reporting timelines and guidelines within a legislated environment • Management of increased accountability and assessment of Quality and Risk in Healthcare	**Key Selection Criteria (Qualifications, Experience and Personal Attributes) –** • Relevant tertiary qualification; ideally a clinical back ground • Knowledge and understanding of clinical governance and quality improvement principles, including the ACHS and EQuIP Standards and accreditation process, Aged Care Standards and the Victorian Government Department of Health Clinical Governance Policy Framework (2009); • Recent experience within a healthcare setting managing a quality improvement portfolio or similar; • Knowledge and understanding of clinical governance and quality improvement principles; • Proven ability to work effectively and manage change as part of a multidisciplinary team; • Excellent information and communication technology skills and specifically database management skill.

Position Description

I have read and understand the requirements and responsibilities of my Position Description.

Signed: …….. Name: …….. Date: ……. / ……. / …….

Application process

- Submission of formal application to include:
  - Cover letter, resume and statement against each of the selection criteria demonstrating experience
  - To be emailed to:
    - Leanne Klahsen, Human Resources Manager at lklahsen@cah.vic.gov.au
    - Must be received by **5pm, Monday 8 February 2016**
- Face-to-face interview
  - Panel composition will include: General Manager Health Services and others to be advised prior to interview)
  - Behavioural-based interview
- Additional assessment tools may be used such as Life-Styles Inventory (LSI), candidates will be advised
- Referee checks
- Offer, applicable screening checks and contract negotiations