

**CONFEDERATED SALISH AND KOOTENAI TRIBES
OF THE FLATHEAD NATION
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******V A C A N C Y A N N O U N C E M E N T******

TITLE: Quality Assurance Manager

LOCATION: Tribal Health Department – St. Ignatius, MT

SALARY: \$35.31 - \$40.59 per hour plus benefits (May be employed under contract)

CLOSING DATE: Thursday, May 2, 2024 at 5:30 p.m. (MST)

The Quality Assurance Manager develops, establishes, and enforces quality assurance standards and measures within the organization. This position has oversight and responsibility over all quality, risk management, and patient safety related activities to include program development and implementation. Directs the efforts of all the performance improvement initiatives to ensure overall compliance with all regulatory standards including national, state, tribal, Office of Inspector General, Centers for Medicare and Medicaid Services, and other agencies. The Quality Assurance Manager works with clinicians and administrators to improve the overall patient safety and systems-level outcomes. This position supports, promotes, and encourages a culture of safety and quality throughout the organization. Specific duties include but are not limited to:

Duties and Responsibilities:

- Facilitates alignment between improvement initiatives and the organizations strategic plan; directs the day-to-day execution of the strategies and tactic necessary to successfully improve the outcomes and results of the organization.
- Responsible for maintaining the facilities system-wide quality program; to include data collection, aggregating and analyzing data, maintaining policies and procedures and reporting to administrators, medical staff, and other indicated stakeholders.
- Works closely with clinical and non-clinical teams for improvement of key performance indicators, designs processes for new initiatives, services and other targets identified by Tribal Health leadership.
- Serves as an internal consultant to administration, staff, clinicians, and medical director in the areas of regulatory, process improvement, performance monitoring, and statistical analysis.
- Focuses on better healthcare value and quality, including the improvement of clinical outcomes, patient experience, patient safety, costs, revenue, productivity, efficiency, employee and clinician satisfaction/engagement, and process reliability.
- Coordinates, manages, and reports core measures, performance measures, meaningful use measures, and other quality metrics as assigned.
- Collects and reports data for the facility.
- Organizes all quality management meetings, maintains minutes, and makes recommendations to the organizations, leadership, and committees based on best practice and current regulatory standards.
- Conducts internal audits and risk analysis as determined by the organization and leadership.
- Participates in department meetings, clinical meetings, and peer review processes to include chart reviews, as necessary.
- Manages and supports clinician peer review processes by ensuring the collection and analysis of data to include provider service information, scorecards, quality metrics, etc. available through the organization (i.e. PioneerRx, Dentrrix, and Epic).

- Analyzes all assigned areas for opportunities of improvement and makes applicable recommendations for process, system, procedure, and operational changes to improve healthcare value and quality, as specified.
 - Assists in the establishment of operational performance measurements and the monitoring of trends in key performance indicators to evaluate effectiveness, reliability, efficiency, etc. using available information systems data. Where other data is necessary but not available, will design and implement appropriate data collection. Uses data from appropriate external sources, including comparative databases.
 - Manages performance improvement projects, flow and alignment to assure milestones and key performance indicators are met within defined parameters. Documents the results of projects and submits other documentation as requested.
 - Participates in related committees (i.e. patient complaint, grievance, safety, etc.) and works with the organization and leadership to resolve investigations within the incident reporting system.
 - Evaluates and documents the effectiveness of the quality management system.
 - Ensures organizational adherence to all accreditation, regulatory, and compliance standards and requirements.
 - Designs, coordinates, and maintains various aspects of the patient safety and risk management programs for all of the organizations and its affiliated clinic locations.
 - Complete associated claims review and incident forms. Maintains records and logs issues using a tracking system and keeps administration informed of occurrences.
 - Reviews, investigates, and analyzes incidents for risk and adverse event identification, loss prevention, and claims management purposes, including both potential and actual patient injury. Recommend interventions which will enhance the safety and well-being of patients, staff, and organization at large.
 - Mobilizes departmental or administrative support to address unresolved high-risk practices.
- *Request a copy of position description for full details.*

MINIMUM RECRUITING QUALIFICATIONS AS REFLECTED ON TRIBAL EMPLOYMENT APPLICATION:

- Experienced Registered Nurse
- Bachelor's degree in healthcare administration, or a similar field of study with a strong analytical base.
- A minimum of three (3) years' experience in a healthcare facility required.
- Must have valid Montana State driver's license.
- Basic Life Support certification required within 30 days of hire.
- Must possess a current Montana State R. N. license.

SUBMIT:

1. Completed Tribal employment application.
2. Copy of academic transcripts, certifications, licensure, etc.
3. Copy of driver's license.
4. Proof of enrollment from a federally recognized Tribe if not from CSKT.
5. If claiming veteran's preference, a copy of the DD214 must be submitted.

SUBMIT ALL OF THE ABOVE TO: Personnel Office, PO Box 278, Pablo MT 59855, Telephone (406) 675-2700 Ext. 1040, or personnel@cskt.org

FAILURE TO SUBMIT ALL OF THE ABOVE INFORMATION WILL RESULT IN DISQUALIFICATION DURING THE SCREENING PROCESS

FOR MORE INFORMATION: Contact Joe Durglo at THD (406) 675-2700 Ext. #5026