

JOB DESCRIPTION

JOB TITLE: Quality Outcome Manager **FLSA:** Exempt

JOB CODE:

GENERAL SUMMARY

This position supports The Hospital Management staff as an internal support to departmental leadership (physician, chairpersons, administrative directors, directors of nursing and managers) who have the ultimate responsibility for developing, implementing and documenting an effective quality and performance improvement agenda.

PRINCIPAL DUTIES AND RESPONSIBILITIES:

1. Meets regularly with service line and departmental leadership to determine and focus priorities for QM/PI activities, develop QM/PI agenda for quarterly/monthly meetings, track progress against annual goals, provide guidance for documentation of same.
2. Provides support to departments in compiling both process and outcomes data for patient safety, clinical quality, customer satisfaction, business process data and cost of care indicators as linked to the organizational priorities. Focuses departmental and organizational efforts on measurable improvement of both processes and outcomes.
3. Seeks out external sources of competitive benchmark data through a variety of mechanisms against which to compare patient safety, clinical quality, customer satisfaction, business process and cost of care indicators.
4. Develops, models, and teaches use of various QM/ PI tools in QM/ PI teams, planning initiatives, annual report summaries, presentation of PI activities, development and implementation of focused studies and practice guidelines.
5. Facilitates and designs processes that result in individual case reviews for important aspects of care, including but not limited to, appropriateness of care, mortality/morbidity reviews, risk management referrals, infection control referrals, blood transfusion referrals, complication referrals, etc.
6. Designs focused studies to assess current level of quality and documentation, as well as case finding for sentinel, serious and near miss events.
7. Facilitates teams to conduct root cause analyses and failure/mode/effects analyses (FMEA) as needed.
8. Is responsible for performing all other duties as assigned.

KNOWLEDGE, SKILLS AND ABILITIES:

1. Work requires the knowledge of theories, principles and concepts normally acquired through completion of a Bachelor's degree (Master's degree preferred) in Nursing, Health Care Administration or a closely related field and one to two years of previous work related experience plus three to six months of on the job training and orientation.
2. Licensure as a Registered Nurse in the State of New Jersey is preferred but not required.
3. Work requires the knowledge of state and federal regulations, Joint Commission standards and practices for acute care hospital.
4. Work requires the knowledge and experience in application of models for process improvement.
5. Work requires the knowledge of utilization management, risk management, infection control and ICD9 coding process, principles and practices. Experience in these areas is preferred.
6. Work requires the analytic ability necessary to resolve problems requiring a professional level of knowledge in specific discipline/field and to design complex educational, clinical, financial, data processing, marketing or human resources systems and programs.
7. Work requires the ability to communicate effectively both orally and in writing.
8. Work requires the ability to hear.
9. Work requires proofreading and checking documents for accuracy.
10. Work requires the ability to use statistical analyses software.
11. Work requires the ability to fluidly use word processing, presentation graphics, database, and spreadsheet software.

WORKING CONDITIONS:

Requires working in a normal patient care area or office environment where there are relatively few physical discomforts due to dust, dirt, noise and the like.

REPORTING RELATIONSHIPS:

1. Reports to the Corporate Director Performance Improvement.
2. Has no responsibility for leading or supervising the work of other employees.