Job Description

Section 1 – Position Identification

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<th>Job Title</th>
<th>Quality Manager</th>
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<td>Division</td>
<td>Clinical Services</td>
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<td>Department</td>
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<td>Quality</td>
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Section 2 – Position Relationships

Responsible to

Clinical Services Practice Manager

This position

Quality Manager

Other positions reporting directly to positions below

Quality & Administrative Officer

Section 3 – Role Statement and Key Responsibilities

This position reports directly to the Clinical Services Practice Manager and is responsible for activities relating to Quality Management and ISO 9001 accreditation across the Institute, which are essential to the day hospital licence and health fund contracts. With a focus on quality systems, consumer experience and managing clinical risk this role will work independently and collaboratively with staff and managers/clinicians to ensure quality governance systems are in place, clinical risk frameworks are functioning effectively, and there is a continuous improvement cycle in the delivery of high-quality healthcare to the community.
1. QUALITY MANAGEMENT

1.1. Lead, develop, implement and maintain an organisational-wide quality system.

1.2. Manage the organisation’s ISO 9001 quality management system which incorporates compliance with the National Safety and Quality Health Service Standards (NSQS).

1.3. Work with Management to monitor and ensure preparation for accreditation for all services.

1.4. Support a culture that enables staff to understand and comply with quality, clinical risk and patient safety guidelines to meet relevant accreditation standards and legislative obligations.

1.5. Lead and manage annual quality audits via the current quality management provider, and review and maintain audit tools.

1.6. Analyse audit results creating improvement plans and act on audit findings and recommendations to ensure compliance.

1.7. Manage and review the organisation’s document control system; assuring compliance and ensuring that there is a QMS in place for the identification, storage, protection, retrieval, retention and disposition of these records.

1.8. Ensure an internal audit schedule is in place which delivers risk minimisation, compliance to accreditation and quality standards.

1.9. Manage and coordinate the clinical indicator collection system via external portal and maintain any clinical incident and clinical risk registries.

1.10. Coordinate surveys for doctor, staff and patient satisfaction (as required).

1.11. Evaluate and prepare analysis/benchmarking reports to Executive, Management, stakeholders and relevant committees in a timely manner on:
   - Staff/clinician satisfaction
   - Clinical indicators
   - Clinical incidents
   - Clinical risk and patient safety
   - Patient feedback/satisfaction and consumer experience
   - External audits and evaluations
   - Quality improvement
   - Others as required

1.12. Management of the corrective action system ensuring all non-conformities are recorded and investigated to determine root cause and ensuring corrective or improvement activities are closed out in a timely manner.

1.13. Maintain clinical incident reporting system ensuring appropriate completion and follow up of incidents by management in a timely manner.

1.14. Work with staff to promote and encourage a reporting culture of clinical incidents, near misses and hazards across the organisation.

1.15. Review and further develop Complaints Management Framework.

1.16. Management and review of customer feedback and patient complaints and track and manage follow up by management.

1.17. Manage the review and upkeep of policies and procedures (including patient privacy and confidentiality), liaising with relevant staff to ensure compliance and best practice guidelines are implemented.

1.18. Act as Privacy Officer in collaboration with the Institute’s fundraising and external relations team.

1.19. Review, analyse and enact updates to legislation, regulations, standards and guidelines on QMS and health and facilitate changes to processes and procedures to ensure adherence with updated requirements.

1.20. Chair and co-ordinate the ISO 9001 Quality Committee and Consumer Advisory Group Meetings and implement changes required.

1.21. Educate, coach and mentor staff and clinicians on the tools and processes required for the ongoing accreditation process and QMS.
1.22. Participates in the planning of specific training and educational programs as appropriate to quality and safety needs of the facility.
1.23. Lead, facilitate and support the development and implementation of quality improvement projects to deliver improved safety and quality outcomes for patients
1.24. Use quality improvement/ project management principles and methods to improve safety and quality processes and outcomes
1.25. Other duties as required

2.0 WORK HEALTH & SAFETY

2.1 Adhere to the requirements of Occupational Safety and Health legislation
2.2 Promotes Work Health & Safety policies and procedures to staff and acts on non-compliance
2.3 Identify and report safety hazards
2.4 Participate in safety committee meetings
2.5 Initiate emergency, safety practices and measures as appropriate

3.0 SELECTION CRITERIA

**Essential**
3.1 Relevant qualification and/or substantial work experience (5+ years) in managing organisational clinical governance/quality systems
3.2 Demonstrated experience in leading, implementing and maintaining a quality management system and executing quality improvement measures
3.3 Sound knowledge of the processes involved in maintaining accreditation status and compliance with NSQS
3.4 Demonstrated experience in evaluating workplace practices against accreditation standards, quality systems and organisational policies and procedures
3.5 Demonstrated experience in risk and change management
3.6 Demonstrated leadership skills and the ability to influence others
3.7 Advanced computing skills using a suite of software and ability to interrogate data
3.8 Excellent interpersonal skills and the ability to build productive professional relationships
3.9 High level written communication skills (including report and policy writing)
3.10 Proven conceptual and analytical ability, initiative and independent judgement (including audit experience)
3.11 Demonstrated planning and policy development skills
3.12 Knowledge and understanding of healthcare sector in particular policies and practices that effects quality and clinical risk.
3.13 Contemporary quality and clinical risk management knowledge

**Desirable**
3.14 Experience in the healthcare sector
3.15 Postgraduate qualifications in related field
3.0 CONDITIONS OF EMPLOYMENT

3.1 Individual Employment Contract
3.2 Demonstrates LEI values of Excellence, Dedication, Integrity and Respect in all work practices

4.0 Approval

Approved By: Chief Financial Officer

Sign:

Name: Chris Whitelock
Date: 01/08/2017

Employee Acknowledgement
I acknowledge:
• I have read and fully understand the Position Description and requirements of the position
• I agree that I have the physical ability to fulfil the inherent requirements of the position and accept my role in fulfilling the responsibilities and duties
• I understand that the information provided is a general outline and may not encompass every aspect of the position.
• LEI may alter the duties of this position description if and when the need arises. Any such change will be in consultation with affected employee(s)

Sign:

Print Name:
Date: