POSITION DESCRIPTION: Alfred Health

DATE REVISED: August 2020

POSITION: Team Leader Quality Operations

AWARD/AGREEMENT: VICTORIAN PUBLIC HEALTH SECTOR (HEALTH AND ALLIED SERVICES, MANAGERS AND ADMINISTRATIVE WORKERS) SINGLE INTEREST ENTERPRISE 2016-2020

CLASSIFICATION TITLE: Management and Administrative Workers Grade 6 – HS6 (salary dependent on experience)

DEPARTMENT/UNIT: Clinical Governance Unit

DIVISION: Medical Services

ACCOUNTABLE TO: Director Patient Safety and Improvement

ALFRED HEALTH

Alfred Health is the main provider of health services to people living in the inner southeast suburbs of Melbourne and is also a major provider of specialist services to people across Victoria. The health service operates three outstanding facilities, The Alfred, Caulfield, and Sandringham.

Further information about Alfred Health is available at www.alfredhealth.org.au

OUR PURPOSE

To improve the lives of our patients and their families, our communities and humanity.

OUR BELIEFS

Our staff are expected to demonstrate and uphold the beliefs of Alfred Health:

- Patients are the reason we are here - they are the focus of what we do.
- How we do things is as important as what we do.
- Respect, support and compassion go hand in hand with knowledge, skills and wisdom. Safety and care of patients and staff are fundamental.
- Excellence is the measure work to everyday. Through research and education, we set new standards for tomorrow.
- We work together. We all play vital roles in a team that achieves extraordinary results.
- We share ideas and demonstrate behaviours that inspire others to follow.
THE DEPARTMENT
The Clinical Governance Unit (CGU) consists of two staff streams (Patient Safety, Quality & Improvement and Clinical & Enterprise Risk Management) who work closely with each other and collaboratively with a range of Departments and Committees to support the implementation of the Clinical Governance Program across Alfred Health. The streams consist of staff with roles and responsibilities in each of the following areas:

**Patient Safety, Quality & Improvement**
- Quality Improvement – includes support for the Alfred Health quality improvement capability strategy, oversight of clinical audit, registries, benchmarking/improvement services (HRT, VAHI etc.), improvement activities and RiskMan Q or equivalent and Quality & Business Improvement Planning (QBIP) support.
- Data, reporting & analytics – oversight of RiskMan, VHIMS, safety & quality indicators, dashboards, and KPIs.
- Standards and compliance – responsibility for accreditation through the National Safety and Quality Health Service Standards, measures arising from the Duckett review, policies and guidelines, and legislative compliance.

**Clinical & Enterprise Risk Management**
- Clinical Risk Management – includes clinical incident reporting, incident investigation & management, clinical risk assessment & management and involves close liaison with senior clinicians.
- Enterprise risk management – includes non-clinical risk oversight across Alfred Health as well as management of enterprise risk register, risk reports to the Executive and Board, and readiness for annual risk attestation requirements.
- Oversight of death screening process, Victorian Audit of Surgical Mortality (VASM) and coronial cases.
- Patient liaison – includes Patient Liaison Officers and patient feedback.

**POSITION SUMMARY**
The Team Leader Quality Operations is responsible for the implementation of the NSQHS Standards through quality improvement frameworks and systems designed to improve the quality and safety of our services. The Team Leader Quality Operations provides leadership to staff across the organisation in relation to reporting compliance and improvement against the National Standards. This includes providing assistance to clinical programs, managers and staff to plan and undertake quality improvement initiatives to ensure the delivery of patient centred, high quality care.

This role forms part of the leadership group within the Clinical Governance Unit, working collaboratively with the CGU Directors and the Quality and Safety Data Lead and Patient Safety Lead to achieve the strategic objectives of the Unit. Key partnerships include Nursing Services, Redesigning Care and Organisational Development.

**KEY RESPONSIBILITIES AND DUTIES**
**Implementation of best practice quality improvement systems**
- Provide input to the development and implementation of a quality improvement capability strategy that uses evidence based practice and recognised improvement principles and techniques.
- Work collaboratively to develop systems and processes for identifying, monitoring and reporting quality improvement projects and activities.
- Provide coaching and support to quality and safety leads (EOs), managers and staff on the design and implementation of quality improvement within their respective area of responsibility.
• In collaboration with Director, Patient Safety and Improvement, coordinate quality improvement promotional and sharing activities including patient safety and quality improvement awards, and Health Roundtable presentations.
• Assist with the development of regular quality and safety publications.
• Undertake quality improvement projects as required.

Coordinate the implementation of the National Safety and Quality in Health Service Standards
• Provide expert advice on NSQHS and facilitate the integration of the NSQHS Standards into the day to day operations of the organisation.
• Promote and maintain organisational readiness for accreditation against the NSQHS Standards and other external reviews.
• Coordinate reporting activities required to comply with NSQHS ACHS accreditation and engage management and staff across Alfred Health in this process.
• In collaboration with the Director Patient Safety and Improvement, coordinate and manage the preparation for NSQHS /ACHS accreditation assessments.
• In collaboration with the Director Patient Safety and Improvement and the Executive Director of Nursing Services, coordinate and lead the National Standards and Quality Improvement Reference group.
• Coordinate the NSQHS communication strategy including the monthly calendar and evaluate the effect of activities on sustaining the NSQHS.
• Identify practices, processes and outcomes that are inconsistent with professional and organisational standards and assist in developing strategies to address issues.
• In collaboration with the Clinical Governance Coordinator (Sandringham), coordinate an annual gap analysis against the NSQHS Standards.
• In collaboration with National Standards Leads, Quality and Safety Data Systems Lead and Clinical Governance Coordinator (Sandringham) ensure contemporaneous compliance statements are maintained and key reports/evidence is loaded into the required repositories including the ACHS Assessment Recording Tool (ART), and the National Standards SharePoint pages.
• Develop reports and presentations at key quality committees.

Quality and Safety Performance and Effectiveness
• In collaboration with Quality and Safety Data Systems Lead, clinical programs and nursing and medical services, facilitate the reporting and monitoring of an agreed series of key performance indicators.
• Working collaboratively with key stakeholders and Executive Assistance (National Standards Projects), coordinate the monthly Clinical Governance Report.
• Work collaboratively with Deputy Director Nursing Quality and Clinical Risk, Patient Safety Lead and Quality and Safety Data Lead to analyse quality and safety data and ensure proactive identification of emerging quality issues and opportunities for improvement.
• Provide reports on findings and develop recommendations for improvement for relevant committees based on findings from audits and data analysis.

Education, Training and Workforce Development
• Provide input to the development and implementation of governance, quality and safety education across Alfred Health.
• Provide supervision and coaching to junior staff within the Clinical Governance Unit undertaking quality improvement initiatives.
Undertake any additional tasks as requested that reasonably fall within the scope of the position and classification.

GENERAL QUALITY, SAFETY, RISK and IMPROVEMENT REQUIREMENTS FOR ALFRED HEALTH STAFF

- Maintain an understanding of individual responsibility for patient safety, quality & risk and contribute to organisational quality and safety initiatives.
- Follow organisational safety, quality & risk policies and guidelines.
- Maintain a safe working environment for yourself, your colleagues and members of the public.
- Escalate concerns regarding safety, quality & risk to appropriate staff member if unable to rectify yourself.
- Promote and participate in the evaluation and continuous improvement processes.
- Comply with principles of Patient Centred Care.
- Comply with Alfred Health mandatory continuing professional development requirements.
- Comply with requirement of National Safety & Quality Health Service Standards and other relevant regulatory requirements.

OTHER REQUIREMENTS FOR ALL ALFRED HEALTH STAFF

- Ensure compliance with relevant Alfred Health clinical and administrative policies and guidelines.
- Comply with relevant privacy legislation.
- Protect confidential information from unauthorised disclosure and not use, disclose or copy confidential information except for the purpose of and to the extent necessary to perform your employment duties at Alfred Health.
- Comply with Alfred Health medication management and medication safety policies and guidelines.
- In this position you must comply with the actions set out in the relevant section(s) of the OHS Roles and Responsibilities Guideline.
- Research activities will be undertaken commensurate with the role.

QUALIFICATIONS AND EXPERIENCE

Essential Requirements and Capabilities

Qualification in Nursing, Allied Health or relevant discipline
- 3 – 5 years’ experience in a quality or risk management role within a complex health care environment.
- Experience in leading, and have a comprehensive understanding of the Australian Commission on Safety and Quality in NSQHS Standards and the compliance requirements, to achieve accreditation with the (ACHS).
- Comprehensive knowledge and experience in the use of data to proactively identify patient safety risks and drive improvement.
- Excellent writing skills including a demonstrated ability to prepare reports using clear, concise language; organise information into a logical sequence and include content fit for purpose.
- Highly developed project management skills with the ability to:
  o Develop, implement and evaluate strategies for achieving the goals;
  o Lead change in a complex environment, and
  o Manage competing priorities.
- Highly motivated and proactive with the ability to work autonomously and also within teams.
- Demonstrated transformational leadership style, including the ability to communicate and work collaboratively with a wide range of people at all levels of the organisation.
Desirable

- Post graduate qualification in a health related field or management.
- Experience in developing and implementing clinical safety and quality initiatives

PERFORMANCE MANAGEMENT FRAMEWORK

Performance will be assessed by the Director of Patient Safety and Improvement, in accordance with the Health Service’s performance management program.

Position Description authorised by:

- Director, Patient Safety and Improvement
- Director, Clinical & Enterprise Risk Management

Date: August 2020