

1. IDENTIFICATION

Position No. 10 - 11904	Job Title Quality Assurance Risk Management Coordinator	Supervisor's Position Executive Director, Iqaluit Health Services	
Department Health	Division/Region Iqaluit Health Services	Community Iqaluit	Location Qikiqtani General Hospital
Freebalance Coding:	10041-01-2-235-1000000-01		

2. PURPOSE

<p>Main reason why the position exists, within what context and what the overall end result is.</p> <ul style="list-style-type: none"> Reporting to the Executive Director, the Quality Assurance Risk Management Coordinator is accountable for the development and implementation of a comprehensive quality assurance and risk management program for Iqaluit Health Services (IHS) (including the Qikiqtani General Hospital (QGH) and Iqaluit Public Health (IPH)). This includes Continuous Quality Improvement, maintenance of acceptable standards of clinical and ethical practice, and the development of a program to prevent and minimize harm to staff and clients or loss or damage to Departmental facilities, equipment, or supplies. This position is responsible for ensuring Iqaluit Health Services meets Accreditation Canada standards and recommendations. The program operates in accordance with the Public Health Act, Medical Staff By-Laws, Northwest Territories/Nunavut Registered Nurses Association By-Laws, Department of Health and Iqaluit Health Services policy and Accreditation Canada Standards. A successful program will improve the quality of the work environment for staff, provide improved client care, and ensure a high level of public confidence in the standards maintained within the health system while protecting the organization against financial loss as a result of client litigation, damage or loss of equipment or assets.

3. SCOPE

<p>Describe the impact the position has on the area in which it works, or if it impacts other departments, the government as a whole, or the public directly or indirectly. How does the position impact those groups/individuals, the organization and/or budgets? What is the magnitude of that impact?</p>
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- The Quality Assurance/Risk Management (QARM) Program encompasses all services within IHS. This position is located within the Qikitani General Hospital in Iqaluit and liaises with the Quality Improvement Committee (QIC) based out of Health HQ Risk Manager for the GN but must also maintain a proactive, functional, supportive, monitoring, and facilitative relationship with senior leadership and staff of the hospital and the general public.
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- The QARM Coordinator is responsible for resolving complaints, conducting case reviews, investigating incidents, and unusual occurrences, and ensuring that there is a safe workplace with zero tolerance for violence. The QARM Coordinator coordinates the hospital accreditation process and makes recommendations for improvement that can have major budget implications if the facility is to maintain a level of accreditation that satisfies public expectations and maintains credibility within the health professions.
- The QARM Coordinator monitors risk within the facility and makes senior management aware of the risk/exposure and makes recommendations respecting initiatives to protect the interests of the GN.
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- The QARM Coordinator is also responsible for conducting environmental scans of services and programs within IHS and provide reviews and recommendations on how to improve functionality and outcomes.
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- The QARM Coordinator holds a critical role on the Iqaluit Health Services Senior Leadership Team.
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4. RESPONSIBILITIES

Describe major responsibilities and target accomplishments expected of the position. List the responsibilities that have the greatest impact on the organization first and describe them in a way that answers *why* the duties of the position are being performed. For a supervisory or management position, indicate the subordinate position(s) through which objectives are accomplished.

QARM Coordinator is accountable to the Executive Director for developing and implementing a Quality Assurance program for Iqaluit Health Services according to national guidelines, in order to achieve the highest possible standards of care in a safe, quality environment by:

- Developing quality improvement plans and policies in collaboration with the senior management team and Patient/Client care teams;
- Developing, planning, implementing, monitoring, and evaluating a comprehensive and effective Quality Assurance Program with measures aimed at improving effectiveness. This includes a high quality, safe workplace and Continuous Quality Improvement (CQI) initiatives related to utilization management, continuous quality improvement, and
- Monitoring, evaluating, and reporting on the program for effectiveness by using

current quality improvement methods such as the utilization of quality improvement indicators, benchmarks and audits;

- Review and compile health data, monitor trends, and provide recommendations for IHS and Department of Health Leadership teams.
- Publishing results of indicators, benchmarks, and audits both internally and externally;
- Consulting with hospital and regional staff on the CQI process to ensure that the program reflects the perceived needs of all elements of the regional team;
- Evaluating CQI initiatives for compliance with Accreditation Canada Standards and guidelines, legislative guidelines, national and territorial professional standards, by-laws and standards of governance;
- Collaborating with human resource staff to develop, implement and maintain orientation and educational programs for staff on the Quality Assurance Program;
- Assessing the effectiveness of the program and making recommendations for improvements that will achieve the objectives identified for the initiative.

The QARM Coordinator facilitates and coordinates initiatives on Continuous Quality Improvement by:

- Working with CQI teams to continuously develop and maintain new or improved processes, policies, procedures, guidelines and practices that enhance and continuously improve hospital programs and services;
- Identifying quality improvement issues and assisting Patient/Client teams in developing, implementing and evaluating corrective action;
- Acting as a facilitator and training staff in quality improvement processes and techniques in collaboration with Staff Development;
- Developing and maintaining an effective working relationship with health and social care providers within the organization, clients and other health and social care organizations;
- Developing, distributing and maintaining quality improvement materials to inform staff on CQI processes, goals and objectives.

The QARM Coordinator is accountable to the Executive Director for taking the lead role on all activities related to the Accreditation Process by:

- Coordinating and maintaining all activities and responses to the Accreditation process, including preparation of special or progress reports to Accreditation Canada;
- Collaborating with staff and senior management continuously to develop appropriate activities and indicators that meet Accreditation Canada Standards and recommendations;
- Working with all staff on a continuous basis to achieve understanding and ownership of the Accreditation process, standards and national guidelines and their application to Departmental programs and standards. Striving to protect the rights and confidentiality of clients and other users of Iqaluit Health Services at all times. Specifically, this involves addressing all ethical and professional issues, unusual occurrences, concerns, and complaints that are brought to the attention of the hospital;

- Acknowledging and acting upon issues, unusual occurrences, concerns and complaints in a timely fashion, providing a comfortable environment for clients and other users (i.e. free of fear, interference, coercion, discrimination);
- Managing all issues, reports of unusual occurrences, concerns and complaints coordinated by the office of the Executive Director including making recommendations for corrective and preventive action and ensuring prompt follow up and reporting;
- Developing and maintaining an accurate data base on all matters of non-compliance, incidents, unusual occurrences, complaints or investigations brought forward by patients/clients;
- Alerting the Executive Director and senior staff to emerging trends and recommending positive reinforcement, preventive or corrective action;
- Collaborating with the appropriate managers where complaints regarding the clinical practice or professional/ethical conduct of physicians, registered or licensed practical nurses or social workers, require discipline as per Nunavut legislation, licensing or regulatory bodies, professional standards and codes of conduct or ethics;
- Facilitating access to equitable services for clients and other users of Iqaluit Health Services;
- Ensuring chart audits are conducted on a regular basis in order to maintain current, complete and accurate charting and client records and minimize risk or liability. This includes making recommendations and following up with Managers to ensure they are implemented;
- Actively promoting a high quality, friendly, respectful workplace that is safe, healthy, supportive and client focused. This involves developing proactive strategies to prevent and address workplace issues and foster a strong positive employment relationship with staff where customer service is a top priority.

The QARM Coordinator is accountable to the Executive Director for developing, implementing, managing, maintaining and continuously evaluating the Hospital Risk Management Program in order to achieve the highest possible standards of care while minimizing financial risks by:

- Developing risk management plans and policies in collaboration with the senior leadership team and the hospital staff;
- Developing, planning, implementing, monitoring and evaluating a comprehensive and effective Risk Management program for effectiveness. This includes a high quality, safe workplace and CQI initiatives related to risk management, utilization management, access to information and protection of privacy;
- Monitoring evaluating and reporting on the program for effectiveness by using current quality improvement methods such as the utilization of quality improvement indicators, benchmarks and audits;
- Consulting with hospital staff to ensure that the program reflects the perceived needs of all elements of the regional team;
- Collaborating with human resource staff to develop, implement and maintain orientation and educational programs for staff on the Risk Management Program;
- Assessing the effectiveness of the program and making recommendations for

improvements that will achieve the objectives identified for the initiative.

The QARM Coordinator provides leadership in policy development and amendment by:

- Identifying the need for new or amended policies, procedures, protocols and guidelines in collaboration with senior management and ensuring draft products meet departmental standards
- Developing, implementing, monitoring and evaluating a process to identify the need for new, updated or amended Risk Management policies in collaboration with staff;
- Promoting and facilitating ongoing education and orientation on Quality Assurance/Risk Management, and on the development and preservation of a safe, high-quality workplace where the client and staff are valued customers;
- Promoting and facilitating ongoing education and orientation on new, updated or amended policies, procedures, protocols, guidelines, legislation, and professional practice issues in collaboration with program heads, human resource staff and Staff Development.

The QARM Coordinator is accountable for developing, implementing, maintaining and evaluating an effective Quality Assurance/Risk Management program for the hospital which prevents and/or minimizes risk to patients/clients, employees, visitors and property by:

- Collecting and analyzing data on utilization that have an impact on cost
- In collaboration with staff and senior management, tracking and evaluating data based on Best Practice Guidelines, shared information flows, process reviews and policy with the objective of providing the best possible care, delivered by the most appropriate provider in the most efficient and effective manner, in an environment that fosters continuous quality improvement;
- Encouraging staff to report diligently on risk management issues;
- Developing, implementing, maintaining and evaluating an overall Risk Management Strategy and process that incorporates a proactive, systematic approach to risk identification and evaluation, a focus on staff, patient and client safety and on risk control;
- Taking into account the frequency and severity of risk exposure, the value of assets will be determined through analysis of historical loss rates and size of liability claims;
- Working with staff, departments and committees to develop regional policies, procedures, protocols and guidelines in order to identify exposures to risk or litigation and consulting with legal counsel as needed;
- Providing ongoing support and education for senior management and other staff on risk management issues, risk identification and emerging trends and assists in the development of strategies to prevent or minimize risk or loss;
- Collecting data on occurrences/incidents (eg falls, aggressive behaviour, medication errors and needle stick injuries), reviews, analyzes and assists in the preparation of reports for the Deputy Minister, the insurer and legal counsel;
- Reviewing and analyzing hospital incidents, occurrences and issues of non-compliance promptly and on a monthly basis and reporting findings to the

Executive Director, Legal Counsel and the insurer. Where there are risk implications, the QARM Coordinator works closely with the departmental Director of Finance/Corporate Services to recommend immediate follow up action;

- Collaborating with senior staff on matters of non-compliance, incidents, complaints, unusual occurrences and issues relating to Utilization Management and Risk Management including, but not limited to, safety policies and procedures, management protocols on adverse or potentially adverse situations, surveillance systems, asset and claims management;
- Analyzing general loss and claims trends and making recommendations to senior management on corrective measures relating to operating practices and/or coverage in order to minimize exposure;
- Ensuring that staff has access to current, user friendly information so that risk prevention strategies are identified, applied, enforced and managed consistently throughout the organization;
- Assessing policies, employment contracts, procedures and guidelines for risk, liability and potential litigation and making referrals to the Legal Counsel or the insurer.

The QARM Coordinator collaborates with the departmental Director of Finance/Corporate Services and the Manager of Information Systems to collect and analyze Utilization Management data impacting on costs or claims by:

- Collecting and analyzing data on utilization that impact on costs such as, but not limited to, pharmaceutical ordering, length of stay, type and frequency of laboratory orders;
- In collaboration with staff and senior management, tracking and evaluating data based on Best Practice Guidelines, shared information flows, process reviews and policy with the objective of providing the best possible care, delivered by the most appropriate provider in the most efficient and effective manner, in an environment that fosters continuous quality improvement;
- Assisting with the preparation and submission of all potential lawsuits and/or insurance claims for the insurer and Legal Counsel in a proactive and concise fashion;
- Maintaining a current, comprehensive and accurate database for recording, monitoring and reporting claims, and making informed Risk Management decisions;
- Maintaining confidentiality on all claims, incident information and documentation required by the insurer or Legal Counsel and ensuring that information is factual, accurate and complete;
- Preparing for the Insurer or Legal Counsel, facts on any potential or actual claim including incident reports, client, patient or resident medical charts, files and other supporting documentation involved in a claim. This information includes, but is not limited to, professional standards, current guidelines, protocols, policies and procedures and credentials of professional and other staff involved in the claim;
- Advising the Executive Director on matters of non-compliance, incident occurrence, Workplace Violence issues or potential loss to the Department in the region. This can involve coordinating consultations between the Executive

• Director, Legal Counsel, the Insurer and senior managers as required.

5. KNOWLEDGE, SKILLS AND ABILITIES

Describe the level of knowledge, experience and abilities that are required for satisfactory job performance.

***Knowledge* identifies the acquired information or concepts that relate to a specific discipline. *Skills* describe acquired measurable behaviors and may cover manual aspects required to do a job. *Abilities* describe natural talents or developed proficiencies required to do the job.**

These requirements are in reference to the *job*, not the incumbent performing the job.

Contextual Knowledge

- Knowledge of Accreditation Canada process and standards;
- Theories, principles and practices of continuous quality improvement;
- Theories, principles and practices of risk management;
- Theories, principles and practices of program and policy development;
- Theories, principles and practices of adult learning;
- Applicable legislation, policies and procedures including knowledge of ATIPP and privacy best practices;

Skills and Abilities

- Ability to analyze all quality improvement initiatives according to best practices and evidence-based Information;
- Strong skills in conflict resolution and negotiation;
- Effective verbal and written communication skills;
- Ability to work effectively in a multi cultural environment;
- Proven skills in developing and using analytical tools, evaluating program performance and developing policy solutions;
- Computer skills including; Microsoft, e-mail, graphic presentations, database, spreadsheets and word processing;
- Ability to analyze all risk management initiatives according to Best Practices and Evidence-Based Information.

The above knowledge, skills and abilities are typically acquired through;

- An undergraduate degree in nursing, health administration, social sciences or a related field;
- Three years of practical experience related to Quality Assurance and Risk Management;
- The ability to communicate in more than one of Nunavut's official languages is an asset.

This is a Highly Sensitive Position. Criminal and vulnerable Sector Checks are required.

6. WORKING CONDITIONS

List the unavoidable, externally imposed conditions under which the work must be performed, and which create hardship for the incumbent. Express frequency, duration and intensity of each occurrence in measurable time (e.g. every day, two or three times a week, 5 hours a day).

Physical Demands

Indicate the nature of physical demands and the frequency and duration of occurrences leading to physical fatigue or physical stress.

- The QARM Coordinator works in an office environment without the requirement for a great deal of physical work. There are, however, long periods spent in front of a computer screen leading to eye strain and repetitive stress conditions.

Environmental Conditions

Indicate the nature of adverse environmental conditions to which the jobholder is exposed, and the frequency and duration of exposures. Include conditions that increase the risk of accident, ill health, or physical discomfort.

Sensory Demands

Indicate the nature of demands on the jobholder's senses. These demands can be in the form of making judgments to discern something through touch, smell, sight, and/or hearing. It may include concentrated levels of attention to details though one or more of the incumbents' senses.

- The QARM Coordinator is required to continuously monitor the Quality Assurance/Risk Management initiatives implemented for the hospital. It will be essential for the incumbent to analyze practice to ensure that it conforms to the standards established by the program. This monitoring requires the QARM Coordinator to be alert and watchful to assess the extent to which practice conforms to standards.

Mental Demands

Indicate conditions within the job that may lead to mental or emotional fatigue that would increase the risk of such things as tension or anxiety.

- This position often deals with clients and families during times of stress or difficulties, such as traumas or grieving. The success of the Quality Assurance/Risk Management Program is a high priority for the Department of Health and there is a great deal of pressure on the QARM Coordinator to facilitate the expected results.

7. CERTIFICATION

_____ Employee Signature	_____ Supervisor Title
_____ Printed Name	_____ Supervisor Signature
_____ Date:	_____ Date
I certify that I have read and understand the responsibilities assigned to this position.	I certify that this job description is an accurate description of the responsibilities assigned to the position.
_____ Deputy Head Signature	
_____ Date	
I approve the delegation of the responsibilities outlined herein within the context of the attached organizational structure.	

8. ORGANIZATION CHART

Please attach Organizational Chart indicating incumbent’s position, peer positions, subordinate positions (if any) and supervisor position.

“The above statements are intended to describe the general nature and level of work being performed by the incumbent of this job. They are not intended to be an exhaustive list of all responsibilities and activities required of this position”.