

QUALITY IMPROVEMENT AND ACCREDITATION OFFICER
GRADE VI
Permanent - Full time

Particulars of Office

1. The appointment Permanent, Full time and pensionable.
2. **Salary**
Remuneration is in accordance with the salary scale approved by the Department of Health current scale.
3. **Superannuation**
The terms of the Voluntary Hospitals Superannuation Scheme and the Voluntary Hospitals Spouses and Children's Scheme will apply to the position and superannuation contributions at the appropriate rate will be payable in accordance with the provisions of the scheme.
4. **Duties**
The successful candidate will perform such duties as are outlined in the attached Job Description.
5. **Hours of Work**
The whole time standard weekly working hours for this grade are 37 hours per week, usually discharged between the hours of 8.00am and 8.00pm on a Monday to Saturday basis, as appropriate to the particular service. The appointee may be required to attend at such other times as are required for the proper discharge of duties including attendance outside normal working hours.
6. **Probation – (for permanent status only)**
The successful candidate will be appointed initially for a probationary period of 6 months. During the probationary period, progress or otherwise will be monitored and at the end of the period, the service will be;
 - a) Certified as satisfactory and confirmed in writing;
 - b) In certain circumstances this period may be extended and in such case you will be advised in writing of this and the duration of the extension.
7. **Retirement**
No age restrictions shall apply to a candidate except where They is not classified as a new entrant (within the meaning of the Public Service Superannuation (Miscellaneous Provisions) Act, 2004). In this case

the candidate must be under 65 years of age on the 1st day of the month in which the latest date for receiving completed application forms for the office occur. Continued employment is conditional upon capacity and conduct of the employee.

8. Annual leave

Annual leave and public holidays are granted in accordance with the provision of the Organisation of Working Time Act, 1997. Your annual leave entitlement will be advised to you by the Human Resources Department in your contract of employment. Annual Leave may be based on a number of factors such as grade, years of service and whole time equivalency.

9. Sick Leave

Payment of salary during illness will be in accordance with arrangements as approved from time to time by the Department of Health.

10. Termination of office

The employment may be terminated at any time by one months' notice on either side except where circumstances are dictated by the Minimum Notice and Terms of Employment Act 1973/77. The Management's right under this paragraph shall not be exercised save in circumstances where the Management is of the opinion that the holder of the office has failed to perform satisfactorily the duties of the post or has misconducted himself/herself in relation to the post or is otherwise unfit to hold the appointment.

11. Garda Vetting Checks

Arrangements have been introduced, on a national level, for the provision of Garda Vetting Checks in respect of candidates for employment in areas of the Health Service, where it is envisaged that potential employees would have substantial access to children or vulnerable adults in the course of their duties. Garda vetting is done for the protection of these groups and the National Rehabilitation Hospital reserves the right to re-verify employees at any future point, as deemed appropriate by Hospital Management.

12. Confidentiality

In the course of your employment you may have access to or hear information concerning the medical or personal affairs of patients and/or staff, or other health services business. Such records and information are strictly confidential and unless acting on the instructions of an authorised officer, on no account must information concerning staff, patients or other health service business be divulged or discussed except in the performance of normal duty. In addition records must never be left in such a manner that unauthorised person can obtain access to them and must be kept in safe custody when no longer required.

13. Hygiene

During the course of employment staff are required to ensure that the hospital's hygiene and infection control policies are adhered to at all times. All employees have responsibility to prevent transmission of infection by adhering to and implementing optimal hand hygiene and adhering to the Hospital's Hygiene processes. Hygiene is a fundamental component of the National Rehabilitation Hospital's quality system to ensure the safety and well being of its patients and staff and plays a role in the prevention and control of healthcare associated infection.

14. Policies / Legislation

All Hospital policies and procedures form an integral part an employment contract and may be subject to update and revision, from time to time, in consultation with union representatives as appropriate. Employees are required to comply with all hospital policies, procedures (e.g. Dignity at Work, Trust in Care, Computer Usage Policy) and the Hospital's ethical codes of practice. Employees are required to abide by the hospital's code of behaviour and the code of practice as defined by their relevant professional body.

15. Disability Census

As part of the NRH's commitment to supporting the employment of people with disabilities and to comply with the requirements of the Disability Act 2005, all staff are required to inform the Director of Human Resources Ms. Olive Keenan, of any personal disabilities. This information is only requested in the event that appropriate arrangements must be put in place during the course of one's employment and will be stored in compliance with Data Protection Legislation.

15. HR Department Privacy / GDPR Policy

In order to carry out its administrative functions the Human Resource Department in the National Rehabilitation Hospital collects and processes personal data relating to individuals, which includes the job applicants and staff of the Hospital. The Human Resources Department takes the confidentiality of all personal data seriously and consequently takes all necessary steps to comply with data protection legislation including the GDPR. The Human Resource Department collects personal data only in order to meet specific lawful purposes, and will retain that data only for so long as necessary. We also ensure that all reasonable technical and organisational security measures are in place to safeguard personal data.

Ordinarily, the Human Resource Department will not pass personal data to any third party except where required by law, or under statutory obligations, or to fulfil a contract of employment or for other legitimate purposes as balanced against the rights and interests of the Data Subject. If you have any concerns about how your personal data is processed, you may contact our Data Protection Officer (dpo@nrh.ie). Please refer to the National Rehabilitation Hospital Human Resources Privacy Policy Document for more information. The Policy Document is available on request from the Human Resources Department.

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JOB DESCRIPTION

1.0 Qualifications and Experience

The post holder must have:

- A relevant third level or healthcare professional qualification
- At least three years relevant experience in a senior post in quality improvement / risk management / healthcare audit or an accreditation process, ideally in a healthcare environment
- Significant leadership, interpersonal and organisational skills
- Ability to utilise analytics in quality monitoring and reporting
- Excellent communication and negotiating skills
- A master's degree or post graduate qualification in a quality related discipline is desirable.

Reporting Relationships:

The post-holder will be accountable to the Quality and Risk Manager and report to the hospital Quality, Safety and Risk Committee.

2.0 Key Competencies

- 2.1 People management and communication skills: Define and communicate a vision for the quality improvement function in the Hospital in line with the Hospital's strategic plan and quality improvement framework, current and future CARF Standards, CARF Quality Improvement Plan, the financial and economic environment and best practice in health care. Take responsibility for the support of managers and all staff in implementing quality improvement initiatives and plans.
- 2.2 Strategic orientation: Provide strategic direction in the development of quality improvement plans that help to deliver the Hospital corporate and quality strategies within resource limitations.
- 2.3 Organisational skills; Work with heads of departments and line managers to communicate objectives, develop quality improvement plans and monitor actions.

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- 2.4 Initiative: Monitor and review the progress of the Hospital against key performance indicators, taking prompt corrective action when necessary.
 - 2.5 Teamwork skills: Create a culture of accountability, openness to change, respect for the individual and teamwork that supports the achievement of the Hospital Strategic and Quality Improvement Plan.
 - 2.6 Analytical skills: Demonstrate excellent knowledge and application of Information systems capabilities and an appreciation for the quality and safety data which will be required to make meaningful decisions.

3.0 Purpose

The Quality Improvement and accreditation officer will be responsible for leading and managing accreditation and quality improvement processes within the Hospital. The primary function of this role is to actively promote a culture of continuous quality improvement with a focus on the external accreditation programme.

This will include working in partnership with all staff to promote and foster optimum participation of the Hospital with accreditation schemes, and for continuous development of a quality culture, which maintains the primacy of the patient as the centre and a focus on quality improvement.

4.0 Key Duties and Responsibilities

4.1 Leadership

- 4.1 .1 Lead the development of a comprehensive approach to quality improvement and manage all activities associated with the Hospital quality improvement function. Understand and advise hospital on compliance issues relating to CARF Accreditation, HIQA and/or other healthcare standards.
- 4.1 .2 Have oversight for interaction with other external regulatory agencies and advise the hospital of implications of relevant legislation and guidelines.
- 4.1 3 Work closely with those responsible for managing risk, health and safety and patient experience within the Hospital.
- 4.1.4 Develop and communicate the Hospital Quality Improvement Plan.
- 4.1.5 Foster and develop collaborative working within the Hospital in achieving quality standards and continuous improvement.
- 4.1.6 Build the hospital capacity and capability for quality improvement by leading the hospital's quality improvement education programme. Support staff in undertaking further education/training in quality improvement.
- 4.1.7 Lead the hospital's Community of Improvers by facilitating monthly education sessions.

4.1.8 Support the implementation of organisation-wide hospital projects, e.g. Clinical Rehabilitation Management System.

4.1.9 Work collaboratively with the HSE's National Quality Improvement Team on international and national initiatives.

4.1.10 Participate in key hospital committees and groups including PAR, Health care Records Steering Group, Quality, Safety and Risk as required.

4.2 Quality Improvement Initiatives Oversight and Management

4.2.1 Actively facilitate and mentor staff undertaking quality improvement projects and act as a resource to staff on continuous quality improvement.

4.2.2 Ensure hospital departments and areas implement plans to achieve and maintain accreditation/ quality standards.

4.2.3 Identify, promote, and co-ordinate agreed quality improvement initiatives. Assist in the provision of targeted quality assurance projects including the implementation and ongoing monitoring of internal assessment and accreditation systems.

4.2.4 Develop, implement and monitor the Hospital Quality Improvement Plan.

4.2.5 Monitor, evaluate and report on the implementation of the Quality Improvement Plan in accordance with defined and agreed reporting structures.

4.2.6 Develop and maintain a tracking system for quality improvement initiatives to ensure project milestones are met and learning is shared.

4.2.7 Work collaboratively with the hospital's Academic Department in developing evaluation and research structures for quality improvement work. Support staff in publishing quality improvement reports and sharing results nationally and internationally.

4.3 Evaluation

4.3.1 Lead or support hospital teams to build informative evaluation where initiatives, aimed at improving the processes or outcomes of care, are being revised and modified for improvement.

4.3.2 Provide expertise to the hospital in the methods and practical considerations in undertaking formative evaluation accessing both quantitative and qualitative data.

- 4.3.3 Assist teams to use rapid cycle evaluation to continuously improve their intervention by experimenting with different adaptations.

4.4 Policies and Procedures

4.4.1 Co-ordinate and facilitate the development of relevant hospital policies. Develop and maintain a database of quality related policies.

4.4.2 Ensure communication and implementation of hospital wide policies.

4.4.3 Support and facilitate hospital managers to ensure implementation of departmental policies and procedures.

4.4.4 Have overall responsibility and oversight for the document control mechanism in hospital.

4.5 Quality and Safety Data

4.5.1 Collate quality and safety related data through a variety of means such as audit, accreditation reviews, incident reports, staff and patient experience feedback.

4.5.2 Co-ordinate the presentation of information in response to performance indicators and ensure processes are in place to evaluate performance against relevant indicators.

4.5.3 Support the develop and co-ordinate systems and processes for pro-actively collecting patient and staff views.

4.5.4 Ensure appropriate benchmarking of quality data to include determination of participation in external databases.

4.5.5 Prepare reports on behalf of the Hospital on the quality improvement programme.

4.5.6 Develop, maintain and audit appropriate management information systems to support the implementation of quality improvement initiatives and to facilitate decision making through the provision of timely and relevant information

4.5.7 Lead and participate in hospital committees in areas of quality improvement as required

4.6 Education and Training

4.6.1 Identify quality improvement related learning needs for staff and develop and provide education programmes to staff.

4.6.2 Maintain an awareness of current developments in healthcare accreditation/quality improvement both nationally and internationally.

4.7 Risk Management

- 4.7.1 In collaboration with other areas, understand trends and analysis in adverse events, complaints, claims and coroners' cases and utilise this information to inform the priorities of the quality improvement programme on an on-going basis.
- 4.7.2 Work collaboratively with the Quality and Risk Manager in developing improvement systems for proactive management of risk and incident reviews.

Patient Safety & Quality

The NRH prioritises the delivery of quality and safe patient care under HIQA and other quality standards. It is the responsibility of all staff at all levels to ensure that the highest level of quality services required for each patient is maintained. If you have a concern regarding any issue of patient safety and well-being please bring this to the immediate attention of your manager.

Quality and Patient Safety supports the Health Service to deliver high quality and safe services to patients and service users. The post-holder is responsible and accountable to deliver a quality service that ensures patient safety. The post holder will work within a risk management framework that complies with the Health Information and Quality Authority (HIQA) National Standards and other quality standards as appropriate.

The extent of speed and change in the delivery of health care is such that adaptability is essential for all staff. The post-holder will be required to maintain, develop and enhance the necessary professional knowledge to respond to a changing situation.

This job description does not contain an exhaustive list of duties, and the post holder may be required to undertake additional responsibilities. It will be reviewed from time to time in order to adapt and develop the role, according to service needs and Hospital policies.



I agree that this position description clearly outlines the specific responsibilities and duties that are to be carried out as part of this role. I also understand that these represent the minimum requirements to perform the duties at the current level.

To be signed by the successful applicant upon appointment.

Employee Name: _____ *Line Manager Name:* _____

Employee Signature: _____ *Manager's Signature:* _____

Date: _____ *Date:* _____

