

Quality Director

1.0 ORGANIZATIONAL STRUCTURE:

- 1.1 REPORTS TO : Chief Executive Officer
- 1.2 RESPONSIBLE FOR : Quality Team
- 1.3 LIASES WITH : All staff of SKSH, MOPA, SNUH

2.0 JOB SUMMARY

Responsible for planning, administrating and monitoring the consistent readiness of all quality management, regulatory requirements and quality improvement processes in partnership with the hospital's leadership. Also responsible for overseeing and coordinating all hospital efforts to monitor and maintain regulatory and accreditation standards while providing leadership in the development and measurement of the hospital's approach to quality and performance improvement.

3.0 DUTIES AND RESPONSIBILITIES

3.1 Developing a comprehensive quality improvement program

- a. Initiating and overseeing the development of a comprehensive quality innovation program.
- b. Reviewing regularly the program in light of organizational changes and in the changing law, policies and procedures of managerial and governmental bodies.
- c. Directing and coordinating the quality initiatives for the organization in conjunction with hospital leadership.

3.2 Leading the performance innovation

- a. Providing strategic oversight of proactive and reactive performance improvement activities.
- b. Providing overall direction necessary in order to ensure that services are provided in accordance with the established standards.
- c. Overseeing clinical risk, patient safety, compliance and quality programs.
- d. Overseeing the reporting of events as required by regulatory agencies.
- e. Following up and overseeing the data collection and analysis, reporting and improvement activities and patient safety issues.
- f. Leading the development of policies and procedures related to quality improvement, clinical audit, clinical risk management and patient safety.
- g. Reviewing and evaluating services provided, identifying problems, making recommendations and monitoring implementation and achievement of desired results.
- h. Developing the department long-term goals, annual objectives and strategies.
- i. Developing and seeking approval of department budget and reviewing budget performance.
- j. Performing manager's performance evaluations; setting annual goals and objectives.
- k. Providing input into major capital expenses related to quality (e.g., information systems).

3.3 Initiating and overseeing the medical safety program of the hospital

- a. Initiating, overseeing and integrating a comprehensive medical safety program as an integral component of the hospital's quality services.
- b. Defining and coordinating the participation of infection control/epidemiology, safety, occupational health services, risk management, quality improvement services and others as necessary.
- c. Overseeing a comprehensive safety program in efforts to improve the safety of patients, visitors, and employees and making recommendations for performance improvement activities related to medical safety.
- d. Overseeing reporting of events as required by regulatory agencies in collaboration with other related departments.
- e. Coordinating and overseeing data collection and analysis, reporting and improvement activities, and follow-up work in relation to medical errors.
- f. Overseeing investigation and internal reporting of any events or cases related to safety and quality.

3.4 Establishing and managing relationships

Establishing and managing relationships with external agencies related to medical safety programs, including but not limited to purchasers, government agencies, and other stakeholders.

3.5 Educating and communicating

- a. Communicating performance innovation and medical safety activities on a regular basis to the medical staff and engaging medical staff in all quality and safety initiatives.
- b. Reviewing and evaluating services of the hospital that are affected by quality, medical, safety, or regulatory issues, identifying problems, making recommendations for improvement, and monitoring services to ensure that safety/regulatory recommendations are implemented and the desired results are obtained.
- c. Educating all stakeholders within and outside the hospital including but not limited to leadership, and clinical staff regarding regulatory issues, new statutes/guidelines, and performance improvement/medical safety activities.

3.6 Managing the team

- a. Planning and supervising the day to day activities of the section; streamlining processes wherever possible.
- b. Evaluating workload, conducting performance evaluation and initiating necessary disciplinary actions.
- c. Understanding the training requirements of the team and communicating the same for the benefit of the training department.
- d. Providing or arranging for practical training and education across areas such as: conflict resolution, grievance handling, employment law, and performance management etc., for team members.
- e. Providing on the job training and orienting the team during course of work.

3.7 Performing committee responsibilities

Acting as an expert on quality and safety issues in all task forces/committees to establish performance innovation priorities.

3.8 Complying with Policies, Procedures and Practices of the MOPA Medical Office and other regulatory requirements

- a. Complying consistently with hospital policies, procedures and practices and ensuring alignment with MOPA Medical Office policies.
- b. Completing and maintaining regulatory requirements including: licensure and certification and other mandatory training within established time frames.

3.9 Maintaining Confidentiality

Maintaining confidentiality with regards to any information exchanged or received in the current capacity of role in accordance with hospital policy.

3.10 Promoting Customer Service standards

- a. Assuming the role of a brand ambassador for the hospital and promoting a customer focused philosophy in dealing with any stakeholders.
- b. Maintaining positive and effective working relationships within the departments/division and also with other departments/sections within the hospital.
- c. Performing any other duties as may be assigned relevant to the basic responsibilities of the role

3.11 Monitoring adherence to the Occupational Health and Safety, Materials Management and Maintenance Standards

- a. Monitoring adherence to requirements of the Occupational Health and safety guidelines and infection control guidelines.
- b. Understanding and monitoring adherence to emergency preparedness plans/policies.

3.12 Ensuring Personal Effectiveness

- a. Recognizing the necessity of continuously developing skills and acquiring additional knowledge appropriate to the position.
- b. Dressing appropriately to meet the expectations of the specific work area and in alignment with the Occupational Health and Safety policies.
- c. Building key partnerships within the organization for pursuing client-centered, comprehensive, integrated systems of care.
- d. Complying with any regulations related to mentoring, training, and development of UAE national staff.

4.0 QUALIFICATION, LICENSURE, EDUCATION, EXPERIENCE, SPECIAL SKILLS:

4.1 Required Qualifications:

- a. Bachelor's degree in nursing, business administration.
- b. Minimum five (5) years relevant management experience in health care.
- c. Proficiency in applicable quality management and information technology systems,

including Joint Commission International (JCI) accreditation.

4.2 Preferred Qualifications and experience

- a. Current Registered Nursing license preferred.
- b. Master's degree in nursing or MBA preferred.
- c. Recognized certifications such as Professional in Healthcare Quality (CPHQ), Certified Quality Engineer (CQE), Certified Quality Analyst (CQA), Certified Quality Management (CQM), etc.
- d. Experience in a large healthcare facility.