

PORTERVILLE DEVELOPMENTAL CENTER
Porterville, California

DUTY STATEMENT

JOB TITLE: PROGRAM DIRECTOR – QUALITY ASSURANCE

GENERAL STATEMENT OF DUTIES:

Responsible for the development, implementation, supervision, and monitoring of the center wide quality assurance system. Management of a variety of staff disciplines, positions, functions.

SUPERVISION RECEIVED:

Reports directly to the Executive Director.

SUPERVISION EXERCISED:

Provides line supervision to the following staff: Program Assistant, Registered Nurse, Standards Compliance Coordinators, Staff Services Analyst, and clerical staff.

PHYSICAL DEMANDS: Must possess and maintain sufficient strength, agility, endurance, and sensory ability to perform the duties contained in this duty statement. May require irregular work hours and tight timelines.

TYPICAL WORKING CONDITIONS: Contact and interaction with facility staff, DPH, other State agencies and the general public. Potential exposure to communicable diseases, blood-borne pathogens and other conditions common to a clinical nursing environment. Require working under stressful conditions or working irregular hours. May require prolonged sitting, computer entry and use and extensive use of video display.

RESPONSIBILITIES:

Department Management and Supervision:

25% Direct the daily operations of a multi-staffed department including management of staff assignments, performance reports, scheduling, training, budgeting and upward mobility mentoring.

Program/Service Evaluation and Compliance:

20% Direct the evaluation of Intermediate, and General Acute Care program services, Central Program Services, Ancillary Support Services, Administrative Services.

Monitors the standards compliance process from survey process through the development of effective implementation of plans of correction.

Provide results of reviews with programs, service areas, and departments. Provide results of reviews to the Executive Director advising on current status of facility in regards to regulatory requirements and quality assurance standards, with recommendations for actions as appropriate.

Support development of Quality Management Data systems. Ensure facility meets Federal Certification and licensing standards and regulations.

Risk Management:

20% Direct activities which include daily review of all Special Incidents; evaluation of techniques, procedures and policies for the prevention of risks to clients, patients, staff, center, department, and the general public.

Monitor the implementation of center wide client protections and risk management processes, including situation and environmental risk management, identification of clients in at-risk situations, and monthly/quarterly analysis of incidents.

Present reports to the Executive Director and other Governing Body Members on results of analysis and any recommended actions.

Committees:

20% Member of Executive Committee, Clinical Services Conference, Policy Review Committee, Mortality Review Committee, QMC, CQM and MNQM, STIC/STAT, and Space Utilization. Additionally participates on various workgroups as needed.

Training and Consultation:

10% Provide consultation and training to program/services on development and measurement of quality performance indicators.

Train and assess program/services on department outcome standards, regulatory requirement and risk management.

Other:

5% Support the development and implementation of the center's strategic planning process.

Review and make recommendations to the Executive Director regarding contracts, memorandums of understanding, and legislation.

Participate in department wide committees, task forces, work groups and projects.

Director, Quality Assurance

Date

Executive Director

Date