DUTY STATEMENT
DEPARTMENT OF STATE HOSPITALS – COALINGA

CLASSIFICATION: STAFF SERVICES MANAGER I (Data Management Unit)	
Approved by Mental Health Program Supervisor Signature:	Date Approved: 3/8/18

1. MAJOR TASKS, DUTIES AND RESPONSIBILITIES:

The Staff Services Manager I level is typically the first working supervisor level. Employees at this level supervise a small group of analysts performing journeyperson level work and personally perform the most difficult or sensitive work. In the smaller departments or where the particular Staff Services function is not fully developed, a Staff Services Manager I may direct a function such as management analysis, budgeting, or personnel. In a medium to large department, or in a central agency function, positions at this level may supervise a portion of a function when it is so large as to require subordinate supervisors in terms of number of technical staff. On rare occasions, positions at this level may function as project leaders, coordinating the work of others through task force type organizations. This leadership role must be accompanied by a role as a highly skilled, independent consultant with the ability to act authoritatively in a functional specialty.

25%	**Develop Performance Improvement Activities** In collaboration with program managers/supervisors, clinical disciplines and floor staff develops an ongoing quality improvement performance measurement system to aid management in identifying priorities for quality and performance improvement and establishing performance goals. Provide management in development of performance improvement policies, procedures to ensure appropriate and timely treatment is provided to the patients according to the Department of State Hospitals mission utilizing communication, teamwork, analytical and organizational skills, in addition to laws, rules, regulations and policies. Develops data collection and audit tools, tracking systems, and reporting mechanisms in support of facility patient care improvement activities Develop training materials on new or revised performance improvement programs, policies and procedures to ensure compliance with state and federal regulations Designs performance measures to determine baseline performance levels and evaluate the success of improvement initiatives and that

	promotes behavioral change, such as at individual staff member, treatment team, and clinic levels Integrates plans of correction with performance improvement activities.
25%	**Responsible for the Management and supervision of the staff service functions of the quality, development and continuity of the QI program and Data Management Unit.** Ensures that all departmental operations conform to QI program standards and develops and maintain effective working relationships with hospital staff and outside agencies. Responsible for the distribution of information memorandum to hospital employees for updates or changes in hospital procedures specifically related to the QI Program. Has management responsibility for employee discipline within the Quality Improvement Department. Serves as a supervisory role in the implementation of improvement initiatives, utilizing communication, teamwork, analytical, and organizational skills. Uses project management skills and tools to organize and coordinate the work of multiple team members to successfully complete a variety of initiative tasks within established timeframes. Facilitate staff meetings and related trainings for clarification of departmental issues, policies, and procedures which will ensure compliance with state and federal regulations, and departmental policies and procedures as required. Provides consultation and resources to all hospital staff responsible for completing Plans of Correction Assigns and participates in Quality Management Teams. Train staff on new or revised performance improvement projects.
25%	**Monitor and Evaluate Performance Improvement Activities** Responsible for the annual evaluation of hospital wide Quality Improvement activities. Routinely reviews and systematically analyzes performance data from sources such as, local process and performance audits, surveys and inspections, and self-collected data to assess improvement initiative performance on a continual basis to report findings to the Quality Council and Executive Director.

	Monitors and evaluates activities of Quality Management Teams. Monitor and evaluate performance improvement programs to ensure compliance with state and federal regulations, and departmental policies and procedures utilizing communication, teamwork, analytical, and organizational skills; and audit tools; as well as laws, rules, regulations and policies. Compile and tabulate statistical and/or management data to provide information for use in assessing and evaluating effectiveness of performance improvement projects utilizing computer programs (e.g., Excel, Word, Access, Power Point, Project Manager, etc.), and statistical methods. Evaluates performance improvement resources necessary and submits appropriate requests and purchase orders. Conducts periodic audits of comprehensive self-assessments using specified indicators and review tools. Designs performance measures to evaluate the success of improvement initiatives. Provides recommendations for interventions that might improve patient outcomes, cost-effectiveness, and adherence to clinical guidelines, policies, or state and federal laws. Assesses the facility's adherence to the Quality Improvement Program requirements, identify areas of weakness, and recommend strategies to improve adherence and reports all progress to QC on a regular basis.
25%	**Performs other related duties as required** Provides management and support to Quality Management Team members and staff regarding effective data collection methods and techniques, managing and maintaining QI Program data applications, information transfers, and reports. Review and evaluates data used in performance improvement assessment; identifies and addresses data reliability problems, such as data entry errors that result in poor quality data. Writes Performance Improvement Governing Body Reports.

	Independently prepares documents/reports/correspondence from hospital data to ensure that management receives accurate and adequate information about performance improvement programs, policies, etc. to review and disseminate as appropriate. Attends the QID meetings and provides organizational assistance with tracking and progress reporting of activities associated with performance improvement outcomes, the Strategic Plan, Risk Management activities, Sentinel Event Plans of Correction, Suicide Prevention/Intervention Reports, Staffing Effectiveness Reports, Preparedness, unusual occurrences, staff and patient perception surveys, patient safety issues; helping members identify and analyze services delivery problems and issues and determine program operational needs and requirements, and take effective action to address clinical considerations. Maintain automated data systems to monitor programs to ensure compliance with state and federal regulations, and departmental policies and procedures (i.e., Title XV, Title XXII, DSH policies and procedures, etc.) utilizing communication, teamwork, analytical and organizational skills, and computer skills, with minimal direction as needed. Provide recommendations to management to ensure departmental compliance with the governing rules, regulations, and policies utilizing analytical and communication skills, knowledge of the new and revised rules, regulations and policies, as required. Acts as liaison with the Department of State Hospitals, the Clinical Operations Advisory Council, and other agencies, as needed. Responds to department specific data requests for Quality Improvement projects. Performs the most complex completed staff work in support of improvement projects, including working with subject matter experts to develop or modify administrative directives (AD), guidelines, protocols, decision support tools (e.g., forms, checklists, pocket guides, and other materials) and training programs. Researches best practices in the broader health care industry, community health care organizations, and other health care settings and reports finding to QC. Serves as a local subject matter expert in statewide Quality Improvement Program as well as quality improvement concepts and techniques. Facilitates quality improvement teams focusing on care, and guiding staff as they apply nationally accepted improvement techniques, such as root

	cause analysis, process mapping and redesign, failure mode and effects analysis. Mentors staff in the use of existing improvement tools to improve patient care outcomes and quality of care.

2. SUPERVISION RECEIVED:
Mental Health Program Supervisor

3. SUPERVISION EXERCISED:
Associate Governmental Program Analysts, Staff Services Analysts

4. KNOWLEDGE AND ABILITIES:

KNOWLEDGE OF:
Principles, practices, and trends of public and business administration, including management and supportive staff services such as budget, personnel, management analysis, planning, program evaluation, or related areas; principles and practices of employee supervision, development, and training; program management; formal and informal aspects of the legislative process; the administration and department's goals and policies; governmental functions and organization at the State and local level; department's Affirmative Action Program objectives; and a manager's role in the Affirmative Action Program and the processes available to meet affirmative action objectives.

ABILTITY TO:

Reason logically and creatively and utilize a variety of analytical techniques to resolve complex governmental and managerial problems; develop and evaluate alternatives; analyze data and present ideas and information effectively both orally and in writing; consult with and advise administrators or other interested parties on a wide variety of subject-matter areas; gain and maintain the confidence and cooperation of those contacted during the course of work; review and edit written reports, utilize interdisciplinary teams effectively in the conduct of studies; manage a complex Staff Services program; establish and maintain project priorities; develop and effectively utilize all available resources; and effectively contribute to the department's affirmative action objectives.

5. REQUIRED COMPETENCIES:

ANNUAL HEALTH REVIEW: All employees are required to have an annual health review and TB test or whenever necessary to ascertain that they are free from symptoms indicating the presence of infection and can safely perform their essential job functions.

INFECTION CONTROL: Applies knowledge of correct methods of controlling the spread of pathogens appropriate to job class and assignment.

HEALTH AND SAFETY: Activity supports a safe and hazard free workplace through practice of personal safety and vigilance in the identification of safe or security hazards.

CPR: Maintain current certification if applicable.

THERAPEUTIC STRATEGY INTERVENTION (TSI): Supports safe working environment; practices the strategies and interventions that promote a therapeutic milieu; applies and demonstrates knowledge of correct methods in the management of assaultive behavior.

CULTURAL AWARENESS: Demonstrates awareness to multicultural issues in the work place that enable the employee to work more effectively.

RELATIONSHIP SECURITY: Demonstrates professional interactions with patients, and maintains therapeutic boundaries. Maintains relationship security in the work area; takes effective action and monitors, per policy, any suspected employee/patient boundary violations.

PRIVACY AND SECURITY OF PROTECTED HEALTH INFORMATION: Maintains and safeguards the privacy and security of patients' protected Health Information and other individually identifiable health information; whether paper, electronic, or verbal form incompliance with HIPAA and all other applicable privacy laws.

SITE SPECIFIC COMPETENCIES: Maintain knowledge of Title 22 regulations Continuous Quality Improvement (CQI) and Governing Body procedures.

TECHNICIAL PROFICIENCY (SITE SPECIFIC): Knowledge of Microsoft Word, Excel, Access, PowerPoint and/or Publisher, PLATO software, e-mail and internet.

6. **LICENSE OR CERTIFICATION:** It is the employee's responsibility to maintain a license, credential, or required registration pertinent to their classification on a current basis. Any failure to do so may result in termination from Civil Services.

7. **TRAINING:**

Training Category – 2 – Training Procedure No. 03-11.
The employee is required to keep current with the completion of all required training.

8. WORKING CONDITIONS:

ADMINISTRATIVE DIRECTIVE AD-146:
Each employee shall be fully acquainted with the rules and regulations of the Department of State Hospitals (DSH) and of the hospital.

EMPLOYEE IS REQUIRED TO:

1. Report to work on time and following procedures for reporting absences.
2. Maintain professional appearance.
3. Appropriately maintain cooperative, professional, and effective interactions with employees, patient/client and the public.
4. The work entails routinely encountering clients and interacting with staff throughout the facility, thus sensitivity and tolerant even temperament is required.
5. The employee is required to work any shift and schedule in a variety of settings throughout the hospital and may be required to work overtime and float to other work locations as determined by the operational needs of the hospital.

Employee Signature	Print Name	Date
Supervisor Signature	Print Name	Date