Regional Director of Quality Improvement

Mount Carmel Health System

Columbus, OH

Position Specification

October 2015
The Opportunity

Mount Carmel Health System is seeking a seasoned professional to lead their regional quality program. The Director will assume responsibility for all elements of quality as it pertains to all sites within the system. S/he will report to Holly Reardon, System Vice President of Clinical Quality Management and work with Dr. Richard Streck, Chief Clinical Operations Officer and Executive Vice President to drive all quality initiatives and ensure that the relevant metrics and benchmarks for success are in place. The Director will assume a key leadership role that is visible across the organization and which is critical to the continued success of Mount Carmel Health System as it continues to provide measurably world class healthcare.

Mount Carmel Health System

Mount Carmel Health System (MCHS), which has served the Columbus, Ohio market for over 120 years, has been driven by its mission to heal body, mind and spirit, and to improve the health of its communities while acting as a wise steward of its resources.

Mount Carmel Health System is a complex, multi-institutional organization that consists of five operating divisions:

- **The Hospitals**: Mount Carmel West, Mount Carmel East, Mount Carmel St. Ann’s and Mount Carmel New Albany.
- **Ambulatory Care Programs & Facilities**: including a number of joint ventures with physicians.
- **Mt. Carmel Medical Group**: employs more than 150 physicians and advanced practitioners and is growing.
- **Education**: houses the system’s GME programs as well as the Mount Carmel College of Nursing, which has approximately 650 baccalaureate and master’s level students. The GME program has more than 100 residents. Mount Carmel is also in the process of developing a relationship with the College of Osteopathic Medicine at Ohio University.
- **Managed Care**: includes the system’s Medicare HMO with approximately 25,000 lives and the PHO.

The Hospital Division

Hawkes Hospital of Mount Carmel, now known as Mount Carmel West, was the first hospital founded by the congregation of the Sisters of the Holy Cross in 1886. Located near downtown Columbus, Mount Carmel West serves nearly 18,000 patients each year. The hospital offers exceptional facilities, a host of medical specialties, and a number of exclusive specialty centers. Their surgical capabilities are extensive as well as respected enough to have open-heart surgeries broadcast to Ohio’s Center of Science and Industry.
Mount Carmel East hospital was built in 1972 to serve the eastside population. With the busiest adult emergency department in greater Columbus, Mount Carmel East is growing right along with the east side communities it serves. The hospital offers a wide range of services through a number of specialty centers and has made an ongoing commitment to technology that has helped set the facility apart. So has their surgical expertise, which is so respected that knee replacement surgeries from Mount Carmel East are also broadcast live to students and visitors at Ohio’s Center of Science and Industry.

Mount Carmel St. Ann’s, which was founded by the Sisters of St. Francis and opened in 1908 as an infant asylum, has since evolved into a full-service hospital and joined the Mount Carmel Health System in 1995. Located in northeast Columbus’ Westerville neighborhood, Mount Carmel St. Ann’s is a community hospital with the clinical capabilities of facilities far larger. With a state-of-the-art emergency department, maternity center and cancer center, St. Ann’s provides a personal healthcare experience with topnotch quality of care.

Mount Carmel New Albany Surgical Hospital, with 60 patient rooms and 8 operating rooms, is a specialty hospital focused on inpatient and outpatient orthopedic, neurologic and musculoskeletal care. The hospital features technologically advanced treatments combined with a unique caring and service philosophy tailored for each patient.

Ambulatory Care Programs & Facilities

In addition to the four acute care hospitals, Mount Carmel Health System is comprised of numerous outpatient service lines, home care, palliative and hospice care, home medical equipment services, an ambulance and mobile intensive care service, a community outreach program for the uninsured and underinsured, a college of nursing with over 650 students, and a Medicare HMO. With over 8,900 employees, 1,500 physicians and 1,300 volunteers, Mount Carmel Health System serves the community with quality care and compassion.
Mount Carmel Medical Group

Mount Carmel Medical Group is 100 percent owned by Mount Carmel Health System and is a for-profit organization. Almost all physicians employed by the system are housed within MCMG. Founded in 1994, the group operates primary care and specialty care physician practices in the Central Ohio region. In 2011, the group changed its name from “Mount Carmel Health Providers” to “Mount Carmel Medical Group”. The group is comprised of almost 800 colleagues including administration, practice operations staff and employed physicians in Mount Carmel Medical Group. At last count the group included 160 employed physicians; 22 nurse practitioners; 7 physician assistants. The primary care physicians practice across 22 locations and several of the group’s specialty practices include breast and endocrine surgery, ENT, heart and vascular, neurology, neurosurgery, psychiatry, pulmonary and sleep medicine and thoracic surgery amongst many others.

Mount Carmel Health System serves the Central Ohio region with a wide range of services for people of all economic strata in this rapidly growing area. It is well known in Columbus and the surrounding areas for its service to the underserved and marginalized population.

As a system, Mount Carmel Health has revenues in excess of $1 billion and has for years maintained a very healthy margin from operations. It operates approximately 1,000 beds with over 55,000 admissions and 245,000 patient days. Mount Carmel Health has a strong balance sheet with approximately $340 million in debt and over 280 days cash-on-hand.

Mount Carmel Mission Statement, Core Values and Guiding Behaviors

Mission: We serve together at Mount Carmel in CHE Trinity Health, in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities, and to steward the resources entrusted to us.

In seeking to accomplish our mission, we employ these Core Values:

- Respect
- Compassion
- Excellence
- Care for the poor and underserved
- Social justice

Our Guiding Behaviors are how we work together. They are inspirational statements that describe our culture and help set expectations in the day to day workplace. They are:

- We support each other in serving our patients and communities.
- We communicate openly, honestly, respectfully and directly.
- We are fully present.
- We are all accountable.
- We trust and assume goodness in intentions.
- We are continuous learners.
CHE Trinity Health

Mount Carmel Health System is a proud member of CHE Trinity Health. As one of the largest multi-institutional Catholic health care delivery systems in the nation, CHE Trinity Health covers 21 states from coast to coast with 82 hospitals, 89 continuing care facilities and home health and hospice programs, employing nearly 86,000 people including more than 4,100 physicians. CHE Trinity Health has revenues of approximately $13.3 billion and assets of roughly $19.3 billion. Additionally, the new organization returns more than $800 million annually to its communities in the form of charity care and other community benefit programs. The new organization formed through the consolidation of Catholic Health East and Trinity Health in May 2013.

For additional information, please access:
Mount Carmel Health System  www.mountcarmelhealth.com
CHE Trinity Health  www.newhealthministry.org

The Position: Regional Director – Quality Improvement

Overview

The Regional Director of Quality Improvement (Regional Director) is responsible for leading, planning, directing, and coordinating all Quality Improvement related initiatives (including Core Measures), Database Data Abstraction and Submission, Stroke NQF indicators, NQF serious reportable events and safe practices, AHRQ Quality and Safety Indicators and Joint Commission/Regulatory and CMS Conditions of Participation Compliance. The Regional Director is also the liaison to the Quality function of Employed Physicians, Home Health, Rehabilitation and Behavioral Health.

This position serves as a key resource to executives, physicians, directors and other staff in developing and implementing process improvement, outcome management and quality standards and systems. This includes local and national quality improvement initiatives. In addition, the Regional Director will have budget responsibility as well as reporting the institution’s results of publicly reported data.

The Regional Director will facilitate and assure the systematic evaluation of services in accordance with the Quality Improvement Plan. The Regional Director ensures that all Joint Commission and related accreditation policies, procedures, and practices are in compliance and in a constant state of readiness with regard to surveys and site visits by accreditation organizations. The Regional Director will ensure that Patient Safety policies and practices are in place in accordance with the organizational Patient Safety Plan and ensure that the system clinical and administrative education function is meeting the needs of nursing and other areas within the system. Mount Carmel Health System currently employs Cerner for Electronic Medical Records along with Crimson, MedMine and Truven.

The Regional Director will report directly to the System Vice President, Clinical Quality Management and has approximately fifteen to twenty direct reports that include: Quality Improvement Specialist and Quality Concurrent Reviewers.

Responsibilities include, but are not limited to:

- Leads system-wide approach to Quality Improvement to achieve clinical goals and further clinical integration and collaboration with the medical staff. Assists in developing
and tracking departmental Quality Improvement indicators. Reports activities to Administration, medical staff departments and leaders, and the Medical Executive Committee.

- Oversees the system Quality Improvement team including accreditation and regulatory management and education.
- Institutes Quality Improvement management reporting to engage clinical and medical staff with a diligent focus on quality and safety performance goals.
- Oversees accreditation activities, including the survey readiness and disease specific certification initiatives.
- Oversees focused audits and implements necessary internal changes to address accreditation, regulatory and compliance issues.
- Provides communication and education to clinical and medical staff regarding accrediting and internal standards, policies and procedures.
- Promotes pursuit of Joint Commission Certificates of Distinction in strategic areas and Health Grades Five-Star Ratings.
- Ensures that all external data reporting requirements are met including Quality and Pay for Performance requirements and CMS annual payment update requirements.
- Serves as the Mount Carmel Health System CMS Quality Net Exchange Administrator and manages inquiries and addresses quality of care concerns from Joint Commission, CMS, third party payers or individuals.
- Serves as an institutional “quality coach” to various departmental quality functions.
- Plans, implements, and oversees the Patient Safety initiatives and works in conjunction with the Medical Staff to derive useful, valid, and reliable data to guide and improve quality of care. This includes responsibility for the quality reports, performance improvement projects, and coordination of participation in external studies/projects related to outcome measurements and quality initiatives.
- Apprises the System Vice President, Clinical Quality Management of trends, significant events, and potential issues.
- Continues to improve and achieve goals in the areas of Core Measures across the organization.
- Develops semi-annual OPPE’s and FPPE’s for new practitioners and provides coordination of new practitioner orientation.
- Assures continued compliance with State, Federal and other regulatory agencies while still ensuring continued compliance with all HIPAA regulations.
- Ensures the provision of cost effective quality healthcare services by organizing and utilizing available resources (i.e. human, capital and financial). Assists in the resolution of problems related to manpower, facilities equipment and supplies in consultation with the department.
- Establishes performance goals, allocates resources and assesses policies for direct subordinates. Oversees orientation, training and continuing education of employees and medical staff in areas of responsibility.
The Ideal Candidate

Qualifications and selection criteria for the ideal candidate follow.

Education, Licensure and Certification

- Bachelor’s degree in nursing or other clinical field is required with a Master’s degree in Hospital Administration, Business or Clinical Studies strongly preferred.
- Certified Professional in Healthcare Quality (CPHQ) is strongly preferred.

Experience

- At least seven to ten years of experience in a healthcare institution.
- At least five years’ experience in healthcare quality and safety improvement program development and implementation.
- At least three to five years management experience in a quality improvement and clinical patient safety function within a health system or large complex medical center.
- A track record of developing a good rapport with physicians and clinical staff.
- Experience in developing and presenting credible information to medical staff and other clinicians.
- Experience in earning the respect of physicians and other clinicians and being seen by them as credible in the quality improvement area is critical.
- Experience with improving clinical performance and using quality improvement principles to improve clinical outcomes.
- Comfortable with presenting information in medical staff committee meetings, hospital QI committee/team meetings, hospital or administrative meetings.
- A working knowledge of QI tools and analytical techniques, basic statistical analysis, the Agency for Healthcare and Research Quality and Safety Indicators, the National Quality Forum Serious reportable events and Safe Practices, Institute for Healthcare Improvement initiatives and multiple quality databases.
- Experience and accomplishments in improving clinical quality outcomes in the hospital setting.
- Experience and an in-depth knowledge of process improvement tools (ideally LEAN or Six Sigma) as they relate to patient care provided in a hospital environment.
- Familiar with Joint Commission, CMS, State Department of Health and other regulatory agencies and their survey processes.

Personal Characteristics

- A solid value system and service orientation and willingness to embrace the mission of Mount Carmel Health System.
- A high level of ‘personal ownership’ in the future success of the department and hospital in which they belong.
- Energetic, enjoys working with people at all levels of the organization, has strong emotional intelligence and a good sense of humor.
- Strong customer focus and operates with a positive “can-do” philosophy.
- Personable, with strong physician relations skills who can treat all physicians and staff with equal consideration.
• Approachable; can work effectively with employees at all levels.
• Ability to analyze, interpret and present meaningful data reports for departmental and clinical review.
• Energized by working with nurses, physicians and other individuals that provide care in the hospital setting.
• Roll-up-the-sleeves approach with a zest for day-to-day operations; results oriented in his/her approach to problem solving.
• The highest level of honesty/integrity and is able to maintain a high level of confidentiality.
• Strong verbal and listening communication skills; must be articulate and able to provide fresh, creative ideas and solutions.

Critical Success Factors & Opportunities and Expectations for Leadership

During the first 12 to 18 months of his/her tenure, the Regional Director will be expected to achieve the following:

• Provide active and aggressive leadership to ensure a coordinated and effective system-wide clinical quality monitoring, reporting and improvement program.
• Ensure the accurate, meaningful and timely reporting of clinical quality performance measures, identify opportunities and prioritize clinical quality improvement initiatives to internal and external stakeholder groups.
• Collaborate with clinical department leaders and physicians to design appropriate clinical quality measure scorecards and initiatives that are aligned with the organization's overall quality and patient safety priorities.
• Drive quality improvement initiatives across the system to achieve continuous improvement of clinical quality measures.
• Engage and earn the trust and respect of the clinical quality team, the senior leadership team, the clinical managers/directors and physicians within MCHS.
• Conduct an analysis of the structure of the quality division and organize the division to most effectively meet the needs of the hospitals/system.
• Conduct an analysis and assessment of the clinical quality scorecards and data reports currently being produced and make recommendations for change.
• Oversee the full implementation and utilization of Crimson Continuum of Care (Quality) Software.
• Support and enhance the medical staff peer review and multidisciplinary peer review structure and process.
• Lead and support a quality division that is aligned with the organization's Quality and Population Health initiatives.
• Establish credibility and solidify working relationships with staff, management, administration and physicians by being visible, aware and proactive related to quality initiatives.
• Gain a comprehensive understanding of the culture and operational strategies of MCHS. Ensure that these are evident in the culture and operational strategies within the division.
• Ensure the coordination of ISO preparations for areas of direct responsibility for the health system compliance in March 2015. Coordination with IT on the Accountable Care Act “meaningful use” metrics.
• Participation, analysis and communication of the AHRQ Culture of Safety Survey and related results.
• Coordination, analysis and improvement of publicly reported quality surveys (i.e., Leapfrog).
• Assess the overall status of quality initiatives across the health system and recommend a plan of action, using data driven outcomes and implement best practices across all health system hospitals.
• MCHS has the goal to put in place a system approach for quality improvement related initiatives to take full advantage of best practices. The Regional Director will assess the overall status of various initiatives within all facilities and put in place a plan to begin to implement best practices across all facilities. Assess opportunities to use resources on a system basis where possible.

For More Information

We appreciate all referrals. Interested parties should send a resume and cover letter to MtCarmelRegDirQualImprov2124@ZurickDavis.com. For additional questions, please contact Ellen Mahoney at 781.938.1975 or ellen.mahoney@zurickdavis.com or Annette Cooke at 781.938.1975 or acooke@zurickdavis.com. All contact with ZurickDavis will remain confidential.