

VALLEY COMMUNITY HEALTHCARE
Job Description

Position: Quality Analyst

Reports to: Quality Improvement Manager

Hours: Full Time - 40 hours per week

FLSA Status: Non-exempt

Job Summary:

The Quality Analyst will support Valley Community Healthcare's clinic operations, quality improvement activities, and population health initiatives by gathering and analyzing data, researching best practices, process mapping, conducting gap analyses, developing and recommending strategies for improvement, obtaining leadership and stakeholder buy-in, developing performance metrics, managing development and implementation of improvement project plans, and monitoring post-process improvement performance. This position will help develop and drive clinical and operational improvement and efficiency strategies in partnership with executive leadership, management, project champions, and frontline staff.

Under the general supervision of the QI Manager and/or as part of various workgroups and teams, the Quality Analyst will lead staff in coordinating, facilitating, and conducting report development, report writing, and comparative analysis.

Essential Job Duties:

- Identifies sources for, gathers, and analyzes data relevant to processes.
- Researches best practices and prepares process recommendation documents, including presentations, process maps, supporting metrics, and impact analyses.
- Participates in documentation of performance metrics to measure success. Evaluates effectiveness of processes/programs implemented.
- Coordinates team/project activities and schedules.
- Leads efforts to ensure data integrity and validity and perform ongoing quality assurance of all data and reports.
- Extracts and compiles data from regulatory agency sources and VCH's internal data sources and compares to benchmarks and standards for clinical, operational, and financial measures in order to give a clear picture of agency performance.
- Participates in developing clinical, operational, and financial analyses, including visual displays.
- Prepares reports and analyses of the clinical and economic impacts on the care provided to groups of patients for various quality improvement and cost reduction interventions.

- Explores variations in utilization, clinical practice, patient satisfaction, and clinical outcomes.
- Utilizes advanced querying techniques with thorough knowledge and understanding of data warehouse concepts and content, in order to identify and analyze patient characteristics that are associated with particular health outcomes or are predictive of future use of particular health care services.
- Works with advanced graphic tools to provide clear and insightful views of performance.
- Improves the quality of data and information by working with users to identify reporting needs, define report specifications, and develop reports to meet business requirements, turning the reports/processes over to end users' control whenever possible.
- Attends meetings as needed to provide actionable variance data, ensure appropriate interpretation of information, and elicit information needs.
- Optimizes recurring reporting processes to inform existing and emerging care delivery processes.
- Identifies need for changes to workflow procedures and/or system configuration modifications.
- Assists with annual UDS data submission, ensuring integrity and validity of data.
- Submits Meaningful Use attestations, including data collection, data validity, and submission of materials.
- Performs other duties as assigned.

Supervision:

Position performs under the supervision of the QI Manager.

Qualifications:

Required Education, Skills, and Experience

- Bachelor's degree in public health, statistics, industrial engineering, business, or related field with 2 years of clinical/health care experience.
- Meaningful experience with data modeling, trend analysis, and statistical reporting.
- Knowledge of QI tools and techniques, e.g., Model for Improvement, Plan-Do-Study-Act (PDSA), fishbone diagram, process mapping, Lean/Six Sigma
- Experience working on the backend of an Electronic Health Record system.
- Proficiency in Microsoft suite and SQL.
- Demonstrated ability to exercise good judgment, prioritize multiple projects, and problem solve under tight deadlines and resource constraints.
- Excellent written and interpersonal communication skills and presentation skills, including ability to present complex technical concepts in a clear, concise manner to audiences with varying levels of technical understanding.

Preferred Education, Skills, and Experience

- Master's degree or higher in public health, epidemiology, health sciences, statistics, business, finance, economics and/or health administration.

- Proficiency in analyzing a wide array of data types, including medical claims, clinical process, and outcome data, e.g., HEDIS and other performance metrics, and survey data.
- Proficiency with visualization tools (such as Tableau).
- Knowledge of and familiarity with NCQA.
- Knowledge of PCMH requirements/application process.
- Experienced user of NextGen and i2iTracks.
- Experience working with a Federally Quality Health Center.

Working Conditions/Physical/Mental Abilities and Processes:

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential job functions.

- Duties are performed primarily in an office setting.
- Work requires periods of standing, sitting, lifting, turning, twisting, walking, pushing, pulling, reaching, speaking, hearing, seeing and ability to articulate clearly.
- Ability to stand, sit, stoop, kneel, and bend in order to retrieve files and records.
- Ability to work with personal computer for long periods of time.
- Ability to write notes, track and graph records and reports.
- Ability to work productively in a small office space used by multiple employees.

***Responsibilities and tasks outlined in this document are not exhaustive and may change as determined by the needs of the company.**

VALLEY COMMUNITY HEALTHCARE IS AN EQUAL OPPORTUNITY EMPLOYER