APPENDIX 6

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

MEMORANDUM

Date	:	February 22, 2012
To	:	SEE DISTRIBUTION LIST
From	:	Jana Adams Deputy Director Human Resources
Subject	:	**CHIEF QUALITY OFFICER**

The following is to provide information for the implementation of the Chief Quality Officer (CQO) assignment for use in the institutions.

Attached to this memorandum is the Duty Statement for the Institution Chief Quality Officer assignment. There will be no new positions or funding authorized for the CQO. To address the variance in staff expertise within each institution, the Compelling Management Need (CMN) assignment is a mechanism in State civil service that may be utilized to fill the CQO function.

A CMN assignment permits the hiring authority to temporarily reassign an employee, in his/her current classification, possessing the required knowledge, experience and expertise to fill a position to meet an operational need where specific expertise is required that cannot be obtained under normal staffing procedures. These assignments are subject to State Personnel Board Rule 442 and Government Code Section 19050.8 and cannot exceed 24 months in duration. State policy delegates the approval of these assignments to appointing authorities. However, this delegation requires State agencies provide a copy of CMN assignments to the Department of Personnel Administration (DPA) within 30 days of the assignment effective date.

Key provisions for using a Compelling Management Need assignment include:

- Employee must have permanent civil service status in their present classification or have not had a permanent break in service since their original appointment in State service.
- Other staff shall not be laid off, demoted, or similarly displaced as a result of this assignment.
- Employees placed in CMN assignments shall remain in their current classification.
- The employee or the appointing power may terminate the assignment at any time for any reason.
- The employee selected should have the specialized education or experience that is required in the CQO position.
- There is no additional compensation (i.e. no out-of-class compensation) in a CMN assignment. The employee brings the skill to the assignment in their current classification.

Steps for initiating a Compelling Management Need assignment for Chief Quality Officer:

Hiring Authority (Chief Executive Officer [CEO] or designee)

- Prepares a CMN written statement containing the following information:
  a. Duration of the assignment.
  b. Certification that a layoff by reason of such assignment will not become necessary in the appointing agency.
  c. A description of the management need and the staff expertise required.
  d. Justification that the agency's needs cannot be met through the existing organization structure.
  e. Certification that the employee possesses the required expertise.
  f. Certification that the employee has voluntarily consented to the assignment.

California Correctional Health Care Services (CCHCS) Regional Personnel Administrator:

- Works closely with the CEO or designee in development of the CMN assignment and ensures it is in compliance with all civil service regulations.
- Using information provided by the hiring authority, prepares the CMN memorandum addressed to Department of Personnel Administration (DPA) analyst and routed to the Deputy Director, Human Resources.
- Processes the assignment/appointment documentation in accordance with local hiring procedures and coordinates communication with local California Department of Corrections and Rehabilitation personnel office as needed.

CCHCS Headquarters Personnel Office:

- The Chief, Field Operations, is responsible for review of CMN assignment notifications generated from the institutions (prior to submission to DPA)
- The Deputy Director, Human Resources will initial all CMN assignment notifications prior to submission to DPA.
- The CCHCS Headquarters Classification and Pay (C&P) unit is responsible for maintaining a centralized retention of CMN assignment copies (for audit purposes). Once the original notification is sent to DPA a copy will be returned to the originating personnel office and a copy to the centralized C&P CMN assignment file.

Human Resources staff will be provided with additional information in a separate document.

Questions regarding use of the CMN assignment can be directed to the respective Regional Personnel Administrator.

Attachment

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California Correctional Health Care Services

Institution Chief Quality Officer

Duty Statement

Under the direction of the Chief Executive Officer, the Chief Quality Officer (CQO) is responsible for implementing an effective performance management program and processes at an individual institution to ensure consistency with the CCHCS and institution mission, community standards of care and achieve adherence with policies and procedures, and state and federal laws, and support continuous learning and excellence. Applying knowledge of quality concepts, principles, theories, and best practices, this position builds quality improvement capacity by ensuring that there are appropriate systems, processes, and structures in place at the institution to evaluate and improve the local health care system, institution staff have the skills and knowledge required to participate in improvement activities, and the organizational culture supports continuous learning and improvement.

Other activities under the purview of this position include risk management activities, identification and dissemination of best practices from both within the prison health care system and at other health care organizations, health care incident reporting and sentinel event review, and other patient safety activities, and preparation and coordination of external surveys, audits, and other reviews. The Institution CQO serves as an advisor to institution executives, and acts as a liaison with the Headquarters Chief Quality Officer and Quality Management Section staff, statewide executives in various disciplines, other Institution CQOs, and other stakeholder groups as appropriate.

Duties include:

- Facilitate the establishment of an annual performance improvement plan for the prioritization of quality improvement activities, including performance objectives and patient safety goals. Ensure that the annual performance improvement plan is appropriately vetted, and once approved, effectively communicated to all health care staff at the institution. Establish local processes that identify and assist staff in identifying quality improvement opportunities and for the coordination and communication of improvement activities in support of the annual performance improvement plan, including a network of multi-disciplinary improvement committees or teams to plan, implement, and evaluate performance in priority areas. Coordinate and initiate/ revise procedures and policies to ensure compliance with existing and new regulations, guidelines, etc.

- Establish ongoing measurement and evaluation processes to assess progress toward achievement of annual performance objectives, identify program areas that may be in need of improvement, and monitor compliance with policies, procedures, state and federal laws, and court orders. Apply knowledge and understanding of information and data management systems to develop and utilize metrics and analyze performance trends. Ensure that institution performance reports are provided in a format that informs decision-making and can be used to effect positive behavioral change. Oversee a local system for health incident reporting and sentinel event review to mitigate risk to patients and staff and identify opportunities for improvement.

- Oversee, coordinate, and support performance improvement activities. Monitor implementation of statewide and local improvement initiatives, including corrective action plans, and take action to support effective implementation. Successfully negotiate resolutions to conflicts or barriers that impede progress for performance improvement. Establish administrative controls aimed at ensuring remedial actions are completed as proposed. Oversee preparation for reviews by regulatory bodies and work with program leadership to implement and monitor corrective or preventive activities. Participate in quality improvement activities to ensure that institution staff understand and correctly apply quality improvement strategies such as root cause analysis, process redesign, and rapid-cycle improvement. Design staff development programs and decision support tools to build quality improvement capacity at the institution, applying knowledge of quality improvement concepts, theories, and principles. Provide hands-on training to institution staff in quality improvement processes and principles, and directly facilitate quality improvement activities, demonstrating approaches and techniques. Participate in risk management and safety activities. Identify and develop local quality champions.

- Serve as a subject matter expert, coach, and quality improvement information resource to staff. Build collaborative relationships with department leadership and members. Provide leadership with information and guidance to prioritize and address quality and performance issues. Effectively facilitate and make presentations; communicate information to various levels of the organization through the use of strong written and verbal skills. Establish and maintain an effective working relationship with the Statewide Quality Officer, working to meet statewide performance objectives. Maintain an awareness of existing local procedures, statewide policies, licensing regulations, and state and federal legal mandates to ensure timely application and compliance with new requirements. Keep abreast of recent developments in performance management and quality improvement, including changes in health care industry standards for patient safety and quality improvement and evidence-based improvement practices.

Desirable Qualifications:

- Master's degree or equivalent professional credential such as MHA, MBA, MPH, MMM, etc.
- 5 or more years experience in health care settings with multiple departments.
- Strong working knowledge of accreditation organizations like Joint Commission, Utilization Review Accreditation Commission (URAC), etc.
- Experience in Six Sigma, Kaizen, Lean, Model for Improvement, Focus-PDSA and other quality management models.
- Proven track record in effective change management.
- Previous leadership/ management role in performance improvement.
- Strong background in informatics and data management.
- Familiar with Excel, PowerPoint, Access, and other databases.
- A passion for continuous learning and improvement.