

Alaska healthcare organization seeks Compliance Officer. Salary level up to \$130k, DOE with up to \$7,500 in relocation assistance available. To apply, contact Daniel Woolett at #(206) 420-3643, or e-mail resume to: daniel@IntegraPersonnel.cc

PURPOSE: The Compliance Officer (CO) is responsible for overseeing the development, administration and implementation of the Compliance Program to ensure conformity to requirements imposed by applicable law, regulation, and company policy. The CO promotes an awareness and understanding of ethical principals consistent with company Mission, Vision, and Values, compliance issues, applicable laws, and policies. The CO investigates, audits, monitors, and reports compliance problems.

QUALIFICATIONS:

1. Must possess knowledge of specific laws and regulations imposed on healthcare systems by various agencies.
2. Must be a R.N., R.R.A., or A.R.T. or have equivalent quality improvement training. Must have a minimum of five years hospital experience with at least two years in corporate compliance, performance improvement or risk management.
3. Must be able to work effectively with Medical Staff, and have knowledge of all healthcare delivery services.
4. Knowledge of analysis of data to identify patterns and trends is necessary.
5. Communication skills, both written and oral, with knowledge of medical terminology is necessary.
6. Must exercise discretion and maintain confidentiality of certain elements of the program.
7. Prior IHS/PHS or Federal hospital experience and/or rural hospital experience is desirable.
8. Knowledge of JCAHO standards is preferable.
9. Requires a Bachelors degree. Prefer BSN with a Masters Degree in health, administration, business, a Medical Degree, or Certified Professional in Healthcare Quality certification.
10. Past experience in Risk Management is preferable
11. Must successfully pass Alaska's Barrier Crimes Act background screening.

MAJOR FUNCTIONS:

1. Assists the CEO with the development and implementation of system-wide programs, policies and procedures to ensure compliance with applicable federal and state laws and agency regulations.
2. Monitors and reviews compliance information to maintain current compliance program.
3. Maintains awareness of laws, standards and regulations that may affect healthcare.
4. Monitors, audits, investigates, and reports compliance problems and issues. Informs CEO and Board Executive Committee (EC) of problems or issues as required.

5. Keeps Division and Department Managers apprised of problems or issues noted in their areas of control.
6. Assigns identified compliance problems or issues to Division and/or Department Managers for correction.
7. Monitors and tracks corrections; reviews correction effectiveness and continued compliance.
8. Coordinates and contracts for outside auditors as approved by the CEO.
9. Coordinates with outside counsel as appropriate and with foreknowledge and approval from the CEO.
10. Communicates the Compliance program to employees and other groups through training and by using all communication methods available (memos, e-mail, newsletter, etc.).
11. Assists Department Managers in establishing departmental mechanisms to monitor compliance based on the system-wide program, policies and procedures. Receives periodic reports documenting the implementation of departmental mechanisms and their results.
12. Assists with the development and communication of a confidential system for employees and other to seek guidance on business conduct issues and to report suspected violations of law and/or the hospital policies and procedures.
13. Investigates alleged violations of the Compliance program and works with appropriate parties to ensure violations are promptly, properly and consistently resolved. Maintains a tracking system for actions and follow-up.
14. Oversees the Customer Comment program. Tracks comments received, forwards comments to appropriate offices/persons for review and response, and monitors replies.
15. Maintains a reporting system providing timely and relevant information on all aspects of compliance issues. Reports quarterly to management and the governing board on compliance issues.
16. Serves as primary advisor to the CEO relative to all aspects of the Performance Improvement program; including planning, designing and/or evaluating the principal program elements of Performance Improvement and Risk Management.
17. Advises and provides guidance to key individuals relative to their responsibilities for Performance Improvement.
18. Coordinates a system for tracking Performance Improvement and Risk Management activities.
19. Oversees periodic analysis of comments received and events reported to identify emerging patterns or trends and recommends process changes to eliminate identified problem areas.
20. Coordinates all preparation for JCAHO surveys and develops responses to and corrective actions for identified deficiencies.
21. Oversees Government Performance and Results Act (GPRA) and Utilization Review functions.
22. Serves as a resource for all review processes, the responses to recommendation or deficiencies, and monitors corrective actions. Evaluates follow up monitoring to ensure implementation of required changes. Assesses effectiveness of actions taken to correct recommendations or deficiencies.

23. Identifies need for, arranges, and facilitates Performance Improvement team meetings to address complex issues.
24. Serves on all committees involved in Performance Improvement matters.
25. In conjunction with other members of the healthcare team and available resources facilitates:
 - a. Continuing improvement in the assessment and evaluation of the quality of patient care.
 - b. The formulation of plans to address assessed needs and issues.
 - c. The implementation of improvement plans.
 - d. The evaluation of the effectiveness of plans in meeting established care goals.
 - e. Revisions of plans as needed to reflect changing needs, issues and goals.
26. Provides resources, education, and current material to all employees regarding Performance Improvement.
27. Uses and educates others in the use of appropriate data collection and analysis methods to identify patterns and trends. Explores strategies to:
 - a. Prevent, reduce, and respond to Quality of Care issues.
 - b. Identify process oriented problems.
 - c. Improve continuity of care.
 - d. Strive for positive outcomes.
28. Completes specific Performance Improvement and Risk Management projects delegated directly to the Quality Coordinator by CEO in a timely manner.
29. Provides appropriate reports to management and governing board periodically.

RELATIONSHIP WITH OTHERS: Duties are performed independently with full responsibility for accuracy and quality of work. Identifies problem areas or issues to Division and Department Managers for resolution. Maintains direct liaison with Chief Executive Officer and Board Executive Committee after coordination with CEO. Must be able to work with all departments and employees. Ability to communicate and facilitate communication in groups as well as private sessions is necessary. Maintenance of confidentiality is mandatory. All administrative support is received from the Compliance Executive Secretary.

WORKING CONDITIONS: Normal office setting with travel as directed by CEO.

POSITIONS SUPERVISED: Survey Coordinator, Safety, and Compliance Executive Secretary.

SUPERVISED BY: Chief Executive Officer