

Per California Code of Regulations, title 2, section 548.5, the following information will be posted to CalHR's Career Executive Assignment Action Proposals website for 30 calendar days when departments propose new CEA concepts or major revisions to existing CEA concepts. Presence of the department-submitted CEA Action Proposal information on CalHR's website does not indicate CalHR support for the proposal.

A. GENERAL INFORMATION

1. Date

October 11,
2016

2. Department

California Correctional Health Care Services (CCHCS)

3. Organizational Placement (Division/Branch/Office Name)

Quality Management (QM) Section- CCHCS

4. CEA Position Title

Deputy Director, QM Section - Informatics and Improvement

5. Summary of proposed position description and how it relates to the program's mission or purpose.
(2-3 sentences)

CCHCS proposes to allocate the above position to a CEA category (Level B) within the QM Section - Informatics and Improvement. This CEA Position Request Form will serve in establishing the allocation.

6. Reports to: (Class Title/Level)

Director, Health Care Operations

7. Relationship with Department Director (Select one)

- Member of department's Executive Management Team, and has frequent contact with director on a wide range of department-wide issues.
- Not a member of department's Executive Management Team but has frequent contact with the Executive Management Team on policy issues.

(Explain): The CEA will be the policy maker responsible for the development and oversight of medical, mental health, and dental quality and performance management and patient safety programs and policies.

8. Organizational Level (Select one)

- 1st 2nd 3rd 4th 5th (mega departments only - 17,001+ allocated positions)

B. SUMMARY OF REQUEST

9. What are the duties and responsibilities of the CEA position? Be specific and provide examples.

Under the general direction of the Director, Health Care Operations, the Deputy Director, QM – Informatics and Improvement, is the chief policy maker responsible for the development and oversight of medical, mental health, and dental quality and performance management and patient safety programs and policies. This position ensures consistent implementation and direction of these programs throughout the health care programs in California's adult institutions. The incumbent will direct and partner with all sites to harmonize and continuously improve medical, mental health, and dental practice quality programs; coordinate performance evaluation; prioritize and implement/revise procedures and policies to ensure compliance with established policies, regulations, and standards of practice.

Typical duties include the following:

45% Ensure that the statewide prison health care system achieves and sustains compliance with constitutional mandates through the establishment of an effective quality improvement patient safety system; collaborate with medical, mental health, dental and other health care staff to administer a statewide quality management and patient safety system.

25% Oversee the development and management of performance measurement and quality improvement areas for medical, mental health, and dental health care operations including the statewide system for routine reporting of program performance, state-level monitoring and analysis of process and outcome data, and the development of statewide, regional, and local-level quality improvement initiatives.

15% Develop and utilize metrics, performance trend analysis, evidence based practices, and other tools to monitor the state of compliance and implement continuous improvements; coordinate and initiate/revise procedures and policies to ensure compliance with existing and new regulations, guidelines, etc.

5% Keep executive management apprised of health program deficiencies and compliance risks; provide leadership, direction, and guidance to prioritize and address compliance risks; partner with cross-functional programs to resolve compliance issues and oversee the implementation of corrective and preventative actions.

5% Build and support an organizational culture of quality and safety at all institutions and statewide by regularly disseminating information, researching findings, providing training on quality assurance and improvement, and by developing staff at headquarters, within regions, and in the field to support quality improvement initiatives.

5% Produce the most sensitive program reports, represent CCHCS during legislative hearings, court hearings and conferences with the Office of the Inspector General, Prison law Office, and other stakeholders as a subject matter expert in areas of performance measurement, program monitoring and evaluation, quality improvement and patient safety; develop, direct, manage, and monitor the budget for the quality management program.

B. SUMMARY OF REQUEST (continued)

10. How critical is the program's mission or purpose to the department's mission as a whole? Include a description of the degree to which the program is critical to the department's mission.

- Program is directly related to department's primary mission and is critical to achieving the department's goals.
- Program is indirectly related to department's primary mission.
- Program plays a supporting role in achieving department's mission (i.e., budget, personnel, other admin functions).

Description: The QM Program is essential to the department's mission to provide constitutionally-adequate health care to California's prison inmates. The QM Program is the primary mechanism by which the department measures performance, identifies risks to patients, prioritizes quality problems, addresses those problems through evidence-based improvement strategies, and sustains high performance over time.

The QM Program includes a statewide performance measurement system which monitors the performance of critical health care processes. Using tools such as the monthly Health Care Services Dashboard, the performance measurement system keeps staff in all major health care disciplines and programs focused on the areas most likely to contribute to poor patient outcomes to identify early potential system breakdowns and fix them. Under the direction of the statewide Quality Management Committee, the QM Program targets the highest-risk, most challenging quality problems for statewide improvement initiatives, which may encompass new policies or clinical guidelines, tools, training, and technical assistance.

Training in nationally-recognized improvement techniques falls under the auspices of the QM Program; without knowledge of structured models for analyzing and resolving quality problems, health care staff are much less effective in redesigning health care processes and preventing further problems. These improvement models provide strategies to institutionalize processes that work well to prevent backsliding when staff transfer to new positions, retire, or are otherwise unavailable. Finally, the QM Program provides a governance system at headquarters and in the field for regular strategic planning and oversight of both system surveillance and improvement projects. Without the QM Program, the CCHCS would lack the infrastructure, knowledge, skills, and abilities to find and fix quality problems that put patients at risk of harm.

B. SUMMARY OF REQUEST (continued)

11. Describe what has changed that makes this request necessary. Explain how the change justifies the current request. Be specific and provide examples.

When the QM Program was first designed and implemented, the Deputy Director for Quality Management was a physician executive occupying a Receiver's Medical Executive (RME) position. At the time, it was more suitable for a physician executive to lead the program, since so much of the work required clinical expertise – understanding clinical work flows, validating highly technical performance measure methodologies, designing tools for use by primary care teams at the point of care. Six years into the implementation of the QM Program, managers and supervisors within the Section have built relationships with a network of subject matter experts that can provide the necessary clinical expertise. In addition, there is an RME position under the Deputy Director to assist with clinical direction relative to informatics. With these supports in place, the Deputy Director no longer needs to be a clinician to perform the essential functions of the job and provide meaningful guidance to the QM Program.

C. ROLE IN POLICY INFLUENCE

12. Provide 3-5 specific examples of policy areas over which the CEA position will be the principle policy maker. Each example should cite a policy that would have an identifiable impact. Include a description of the statewide impact of the assigned program.

The Deputy Director, QM - Informatics and Improvement is the principle policy maker in the following domains, all of which are described in full in the Inmate Medical Services Program Volume 3, Chapters 1 and 7:

- Health care system surveillance and performance measurement, including the Health Care Services Dashboard and health care incident reporting.
- Clinical informatics, including development of patient summaries, patient registries, and other clinical tools to assist health care staff in following statewide standards and guidelines at the point of care.
- Automated risk stratification of the patient population based upon predictive models in the health care industry.
- Business intelligence and ad hoc analyses to assess the impact of actual and proposed policy changes.
- Techniques to produce statistically-relevant and valid performance data in useful formats depending on the end-users role in the organization.
- Enterprise-wide and institution level improvement planning.
- Statewide initiatives to fully implement the Complete Care Model and address high-priority quality problems using learning collaboratives and other improvement techniques.
- Selection of proven improvement techniques, such as root cause analysis, and development of tools and training to support staff in using improvement techniques.
- Statewide Quality Management Committee role and responsibilities and local governance structures to manage and oversee quality improvement efforts.
- Activities to promote a culture of learning and improvement.
- Patient Safety Program policy and procedures, including the statewide Patient Safety Committee, processes to report and triage health care incident, root cause analyses processes, patient safety stories and alerts, statewide patient safety initiatives, and other processes to detect and mitigate risk to patients.
- Incorporation of industry best practices to reduce unwanted variation and promote highly reliable health care processes.

The QM Program has substantial statewide impact on the success of the organization. The improvement planning process dictates how the time of energy of a large volume of health care staff will be spent over a two-year period and is reviewed on a continuous basis. The performance management system and health care incident reporting process provides regular feedback to staff on health care system performance, and if this data is inaccurate or doesn't focus on the most important areas, health care staff may not have the information they need to correct quality problems before serious harm has come to patients. If staff are not well-trained in improvement techniques, they will be at a disadvantage in determining what is really driving quality problems and their efforts to address quality problems ineffective.

C. ROLE IN POLICY INFLUENCE (continued)

13. What is the CEA position's scope and nature of decision-making authority?

The Deputy Director has primary responsibility for QM system and patient safety program policies, including updating the policies to reflect current industry best practices in areas such as improvement techniques, informatics and analytics, and improvement project implementation.

14. Will the CEA position be developing and implementing new policy, or interpreting and implementing existing policy? How?

As described in Question 26, the Deputy Director has primary responsibility for QM system and patient safety program policies, including updating the policies to reflect current industry best practices in areas such as improvement techniques, informatics and analytics, and improvement project implementation.

In addition, the Deputy Director is a voting member of the Joint Clinical Executive Team, a group that reviews all health care policies under consideration for statewide implementation. The Joint Clinical Executive Team decides whether to approve health care policies, modify them, or send them back to the originating program for further development. After review at the Joint Clinical Executive Committee, policies are finalized for release to stakeholder review and the federal court.

The Deputy Director is a voting member of the Complete Care Model Oversight Team, which determines the design of the primary care delivery system and how it will be implemented statewide. In this capacity, the Deputy Director of QM has a direct influence on the core business of the division.

QM staff frequently lead or support high priority improvement projects involving executives from a variety of program areas and disciplines, which often result in changes to or new policies and procedures. For example, the Deputy Director supports the Joint Commission Accreditation project, which will require the establishment of a number of new policies and modifications to existing policy in areas such as infection control and waived testing. Lastly, the Deputy Director and other QM staff are frequently asked to participate in workgroups to develop new policy or modify policies, especially in critical areas listed in the enterprise-wide Performance Improvement Plan or which have been historically difficult to address.