

VICE PRESIDENT FOR PATIENT SAFETY

DISTINGUISHING FEATURES OF THE CLASS: Under general supervision, the incumbent in this class has responsibility for patient, visitor, and employee safety, fire and radiation safety, patient education and hazard surveillance. The incumbent develops, implements and evaluates initiatives, policies and procedures, recommends strategies to effect continued and long term safety, develops plans of action to prevent risk in the future and works collaboratively with other departments to ensure safety. This is a senior level position with responsibility for an organization-wide program to promote patient and hospital safety. Supervision is exercised over professional and support staff. Does related work as required.

EXAMPLES OF WORK: (Illustrative Only)

Manages, coordinates and directs the Medical Center's Patient/Hospital Safety Program through maintenance and improvement in safety issues in every department throughout the facility;

Conducts comprehensive risk analysis throughout the Medical Center in collaboration with the Risk Manager – WCMC and other administrators and managers, to identify risks, develop corrective action plans and prevent errors;

Develops and recommends new policies and procedures for patient/hospital safety based on reports and trending of other relevant information;

Collaborates with medical staff, administrators and department heads in adhering to policies, procedures and standards of care for patient and hospital safety;

Chairs an interdisciplinary Safety Advisory Committee (SAC) and supports the SAC by collecting and formulating relevant information in such a way that decision-making is facilitated;

Reviews safety occurrence information from aggregated data reports and individual incident reports to prioritize organizational safety activity efforts;

Measures and evaluates effectiveness of patient safety programs, using established goals and FADES format to coordinate redesign of the process and/or underlying system to minimize risk of any undesirable variation;

Develops and implements policies and procedures to ensure compliance with relevant Public Health Law and Joint Commission standards;

Acts as liaison between the oversight steering committee on safety and related medical board committee and/or hospital departments;

Ensures that records are complete, up-to-date and meet the requirements of outside regulatory agencies;

Ensures completion of all follow-up reports, studies and recommendation made by the Committee with respect to the Hospital Board of Directors;

EXAMPLES OF WORK: (Cont'd)

Directs and implements an annual survey of patients, families, volunteers and staff regarding safety issues in the facility, including staff attitudes regarding reporting medical/healthcare errors or other safety concerns;

Develops and conducts safety training, including new employee orientation;

Maintains administrative control of records related to safety. Prepares and disseminates memos and reports to senior leadership and the Board of Directors.

REQUIRED KNOWLEDGE, SKILLS, ABILITIES AND ATTRIBUTES: Comprehensive knowledge of performance improvement and patient safety; comprehensive knowledge of the field of medical and health errors including methods of detection and prevention; comprehensive knowledge of the New York State Public Health Law and Joint Commission on Accreditation of Healthcare standards for hospitals and nursing homes; thorough knowledge of principles of health care administration; thorough knowledge of hospital routine, organization and functions; thorough knowledge of the development, coordination and delivery of medical services; ability to monitor and conduct analysis of hospital operating procedures, identify problems and critical factors and develop methods for corrective action; ability to develop and maintain effective working relationships with physicians, hospital managers, and other health care professionals which is conducive to code and standards compliance in their areas of responsibility; ability to communicate effectively both orally and in writing; ability to organize, assemble, categorize and prepare data for reporting purposes; sound professional judgment; dependability; tact; discretion; integrity; resourcefulness; accuracy; initiative; physical condition commensurate with the requirements of the position.

MINIMUM ACCEPTABLE TRAINING AND EXPERIENCE: Either (a) possession of a Master's Degree* in Health, Health Administration, Nursing or related field and five years of administrative experience in a hospital or healthcare facility, four in which the primary function of the position was in quality assurance/quality review, risk management, regulation compliance, or clinical care management; or (b) three years of experience as a licensed attorney analyzing medical issues involving legal standards, patient adverse events and medical errors and one year of administrative experience in a hospital or healthcare facility which must have included quality assurance/quality review, risk management or regulation compliance.

*SPECIAL NOTE: Education beyond the secondary level must be from an institution recognized or accredited by the Board of Regents of the New York State Education Department as a post-secondary, degree-granting institution.