



JOB TITLE: Director of Quality Improvement and Risk Management

FLSA STATUS: Exempt - Non-Union

DEPARTMENT: Administration

DATE: June, 2026

REPORTS TO: Chief Nursing Officer

APPROVED BY: Chief Nursing Officer

JOB SUMMARY:

The Quality and Risk Director provides strategic leadership, oversight, and coordination of the organization's Quality Assessment and Performance Improvement (QAPI) Program, patient safety program, regulatory readiness activities, accreditation compliance, and risk management functions across the hospital and clinic system. The Director leads organization-wide efforts to promote a culture of safety, continuous improvement, regulatory excellence, and data-informed decision making.

This role partners closely with executive leadership, medical staff, department leaders, and frontline teams to align quality initiatives, improve patient outcomes, reduce organizational risk, and maintain continuous readiness for DNV, ISO 9001, OSHA, and other regulatory requirements.

MISSION, VISION & VALUES:

The successful candidate(s) must share and demonstrate through job performance (and will be evaluated on) the ability, willingness and successful application of support for the Mission, Vision and Values of the District:

Mission: To provide premier Health Care

Vision: To be a recognized leader in mission focus, quality care, and fiscal strength

Values: Compassion, Respect, Integrity, Quality, Stewardship, and Family

ESSENTIAL DUTIES & RESPONSIBILITIES:

Includes the following and other duties may be assigned. Nothing in this job description should be inferred to condone an employee acting out of their scope of license. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Strategic Quality Leadership

- Develops and advances long-term organizational quality, patient safety, and risk management strategies aligned with organizational goals and rural healthcare priorities.
- Collaborates with executive leadership to establish annual quality and patient safety priorities and organizational performance goals. Presents annual plan to board and leadership team.
- Promotes integration and alignment of hospital and clinic quality programs into a coordinated system-wide approach.
- Leads the organization's Quality Assessment and Performance Improvement (QAPI) Program, including development of the annual QAPI plan, organizational priorities, and ongoing evaluation of performance improvement activities.

Culture of Safety

- Promotes a culture of safety, accountability, transparency, and continuous learning throughout the organization through collaboration with leadership.
- Encourages staff and providers to raise concerns, report safety events, and participate in improvement efforts without fear of retaliation.
- Facilitates organizational learning from adverse events, near misses, and identified trends.

Risk Management



- Oversees the incident reporting system, investigation processes, follow-up activities, and organizational learning related to safety events and identified risks.
- Partners with Human Resources and leadership regarding workplace safety concerns, employee-related risk issues, behavioral events, and regulatory compliance matters as appropriate.
- Supports investigation and follow-up of high-risk incidents, allegations, complaints, grievances, and identified compliance concerns.
- Assists leaders with development and monitoring of corrective action plans related to quality, safety, or regulatory findings.

Data Integrity & Analytics

- Oversees validation, integrity, interpretation, and meaningful use of organizational quality and patient safety data.
- Ensures data shared internally and externally is accurate, actionable, timely, and aligned with regulatory definitions and reporting requirements.
- Identifies trends, variation, opportunities, and emerging risks through data analysis and benchmarking.
- Supports development of dashboards and reporting tools that improve operational visibility and accountability.

Provider Partnership & Clinical Quality

- Partners with physicians and advanced practice providers to improve clinical quality outcomes, regulatory compliance, and evidence-based practice.
- Supports physician quality initiatives including OPPE, FPPE, peer review, clinical performance metrics, and focused improvement efforts.
- Facilitates collaboration between providers and operational leaders to improve patient outcomes and care coordination.
- Supports Medical Staff committees and physician-led quality initiatives.

Regulatory & Accreditation Leadership

- Maintains continuous survey readiness through proactive monitoring, auditing, education, and operational collaboration.
- Oversees coordination and follow-up related to DNV, ISO 9001, OSHA, RHC, and other regulatory or accreditation requirements.

Organizational Collaboration

- Builds collaborative relationships across departments, clinics, medical staff, and community partners to advance organizational quality and patient safety goals.
- Promotes and facilitates a culture of continuous improvement, with an emphasis on interdisciplinary collaboration and system-wide performance improvement.
- Serves as a trusted resource to leaders and staff regarding accreditation standards, regulatory interpretation, performance improvement methodologies, and risk mitigation strategies.
- Supports leadership development related to quality, patient safety, and regulatory accountability.
- Supports alignment of hospital and clinic quality metrics, reporting structures, and performance improvement activities where appropriate.

SUPERVISORY RESPONSIBILITIES:

- Partners with the Clinic Executive in shared oversight of the Quality and Accreditation Coordinator to support alignment of hospital and clinic quality initiatives.
- Coordinates quality support resources to improve efficiency, standardization, regulatory readiness, and organizational performance improvement efforts.
- Collaborates with Information Technology Services (ITS) resources to support reporting development,



dashboard creation, data extraction, automation, and implementation of quality-related platforms and tools.

- Coaches and supports leaders, providers, and staff regarding regulatory compliance, accreditation standards, patient safety, risk mitigation, and performance improvement methodologies.
- Serves as an organizational resource for interpretation and application of DNV, ISO, CMS, OSHA, and other regulatory or accreditation standards.
- Supports development of accountability structures, action plans, and follow-up processes related to quality, safety, and compliance initiatives.

QUALIFICATIONS & EXPERIENCE:

- Licensure/Certification:
 - R.N./Medical Qualification or Degree in Healthcare-related field.
 - Certified Professional in Healthcare Quality (CPHQ) or equivalent preferred, or willing to obtain within 3 years of hire.
- 2+ years of Quality Improvement experience or transferable work experience required.
- 2+ years of Risk Management experience or transferable work experience required.
- Excellent knowledge of NCQA standards required.
- 3+ years of supervisory or leadership experience required.
- Knowledge of applicable state, federal, accreditation and third party regulatory regulations preferred.
- Must have strong interpersonal and management skills.
- Excellent verbal and written communication skills required.
- Proficiency with computer information systems and software with strong analytical and problem solving and project management skills required.

CORE COMPETENCIES:

- Compassion – Welcomes, mentors and receives new team members. Shows concern for the welfare of others.
- Respect – Manages conflict with respect and dignity for others. Attempts to address issues before escalating.
- Integrity – Owns professional development and seeks self-development. Uses good judgment in resolving job problems. Generates and evaluates alternative solutions and makes effective and timely decisions.
- Quality - Pays close attention to detail. Strives to achieve excellence in all things.
- Stewardship – Careful and responsible management of WCHCD resources. Finds productive work to keep busy during slack periods.
- Family – Creates and participates in a team environment. Applies effective interpersonal and problem-solving skills when responding to coworkers, patients and visitors.

POSITION SPECIFIC COMPETENCIES:

- Administration and Management — Knowledge of business and management principles involved in strategic planning, resource allocation, human resources modeling, leadership technique, production methods, and coordination of people and resources. Motivates, develops, and directs people as they work, identifying the best people for the job.
- Judgment and Decision Making — Considering the relative costs and benefits of potential actions to choose the most appropriate one.
- Quality Control Analysis — Conducting tests and inspections of products, services, or processes to evaluate quality or performance.



- Monitoring/Assessing performance of yourself, other individuals, or organizations to make improvements or take corrective action.
- Complex Problem Solving and Critical Thinking — Identifying complex problems and reviewing related information to develop and evaluate options and implement solutions. Use logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.

WORK ENVIRONMENT:

The work environment characteristics described here are representative of those that an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

WCHCD CODE of CONDUCT & CONFIDENTIALITY STATEMENT:

As an employee of Wallowa County Health Care District (WCHCD) you must agree to abide by the following code of Conduct/Confidentiality Statement.

I understand and agree that in the performance of my duties I must hold medical information in confidence. I understand that any violation of the confidentiality of medical information may result in punitive action. I will at all times protect the safety of our patient/residents understanding that they are our “customers” and the reason for our employment. I will avoid any and all personal conflicts of interest as it relates to my position at this facility. I agree to abide by the dress code for WCHCD. I will not use any of the assets of WCHCD for personal use. I will abide to all rules and regulations of the State of Oregon and the United States in relation to the operation of a medical facility. I will treat my co-workers at all times in a professional & courteous manner. I will strive to always work as a team player with my co-workers. I agree to report any perceived medical/facility operation noncompliance issues immediately through the compliance reporting process.

I have read and understand the above job description.

Employee Signature

Date