Accreditation Coordinator

**NATURE OF WORK IN THIS CLASS:**

This is complex technical work involved in coordinating and monitoring the hospital-wide compliance of accreditation regulations and standards for continual readiness with all aspects of accreditation.

An employee in this class will coordinate the overall assessment, design/development and implementation of the hospital-wide regulatory compliance and continuous survey readiness plan.

**ILLUSTRATIVE EXAMPLES OF WORK:** (Any one position may not include all the duties listed, nor do the examples cover all the duties which may me be performed).

- Assist in all accreditation and regulatory activities.
- Coordinate and facilitate functional chapter teams to determine compliance and recommend improvements in operational processes.
- Coordinate the hospital’s tracer program and develop, communicate, implement and track action plans identifying gaps in care or compliance.
- Review and prepare response for purposes of the Joint Commission and CMS Surveys.
- Review and recommend changes, additions, or deletions of policies and/or procedures, performance improvement plan, patient safety plan, management of information plan, environment of care management plan, and other organization plans.
- Monitor regulatory websites for new information and is involved in the development, assessment and achievement of the hospital’s readiness for compliance.
- Participate in providing consultation and education of the hospital’s regulatory and accreditation issues.
- Prepare reports on findings, outcomes and recommendations.
- Coordinate the annual Joint Commission Focused Standards Assessment (FSA), and compile and disseminate pertinent survey information.
- Participate and make recommendations related to root cause analyses.

**MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:**

- Skill in writing Evidence of Standard Compliance (ESC) responses.
- Skill in developing and maintaining interpersonal relationships with healthcare professionals and hospital leadership.
- Skill in direct patient care in a hospital setting.
- Basic computer and technological skills.
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Knowledge of The Joint Commission (TJC) and Centers for Medicare and Medicaid Services (CMS), Conditions of Participation (CoP) standards; and survey preparation.

Knowledge of healthcare accreditation process.

Ability to collect and organize data.

Ability to evaluate and recommend and initiate changes to improve program effectiveness.

Ability to work effectively with employees and the public.

Ability to communicate effective, orally and in writing.

Ability to work independently and within teams.

MINIMUM EXPERIENCE AND TRAINING REQUIREMENTS:

A. Six (6) months of experience in regulatory compliance and or accreditation work in a hospital setting; Two (2) years and six (6) months of experience in clinical and or ancillary care services in a hospital setting and a Bachelor’s degree in healthcare or health sciences field; or

B. One year of experience in regulatory compliance and or accreditation standards in a hospital setting; four (4) years of clinical and or ancillary care services in a hospital setting; and an Associate’s degree in healthcare or health sciences field; or

C. Six years of experience in clinical and or ancillary care services in a hospital setting; and graduation from high school or its equivalent.

SPECIAL QUALIFICATION REQUIREMENT:
Employee must complete ten (10) contact hours of continuing education per year in the field of hospital accreditation in order to maintain competency; or
Obtain and maintain Certified Joint Commission Professional Certification within three years of hire into the position. Employee must maintain status of being a Certified Joint Commission Professional Certification-Eligible by the end of the second year of hire as a condition of employment.

Established: MARCH 2018
Job Evaluation: EI2 230
Know How: E3 (33%) 76
Problem Solving: D2C 87
Accountability: 393
Total Points: N (General Pay Plan)

Approved: Eloy S. Lizama, Chairman, Board of Trustees
Date: 3/28/16