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Governance and Implementation

This resource should be reviewed and endorsed in accordance with the organisation's governance and document control processes prior to implementation.

[Insert Organisation's Letterhead / Header]

DUTY STATEMENT

POSITION TITLE:	Continuous Quality Improvement (CQI) Officer
REMUNERATION/CONDITIONS:	Aboriginal and Torres Strait Islander Health Award [MA000115] or Nurses Award [MA000034]
POSITION STATUS:	Full-time
DIRECTLY RESPONSIBLE TO:	Deputy Chief Executive Officer (DCEO)
PERFORMANCE APPRAISAL:	6-month probationary period, Performance reviews every 12 months against accountability targets jointly set by the CEO and the Board
POSITION FUNCTION:	The CQI Officer is responsible for developing, establishing, monitoring, and maintaining CQI systems, clinical governance, and accreditation across [Service]. The role ensures safe, high-quality, and culturally responsive health service delivery through data-driven improvements, risk management, and internal auditing. It also supports funding compliance and drives organisation-wide excellence in clinical and non-clinical practices.
MINIMUM SKILLS REQUIRED:	Registered Nurse qualification and current AHPRA registration. Experience working in a CQI and/or accreditation-related role (preferably in a medical service or ACCHS)
SERVICE PROVISION	In consultation with the DCEO

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POSITION SUMMARY

The CQI Officer plays a critical leadership role in embedding a culture of continuous quality improvement, safety, and clinical excellence across all areas of [Service]. Reporting to the Deputy CEO, this position supports accreditation compliance, implements national standards, and coordinates internal audits, clinical governance, and risk management. The role leads data-driven improvements, oversees the service's accreditation processes (AGPAL, QIP, ADA), and ensures service delivery is in line with evidence-based best practices. The CQI Officer also contributes to staff development through training, feedback, and education, while maintaining a focus on cultural safety and responsiveness within an Aboriginal community-controlled health setting.

RESPONSIBILITIES

- Responsible for continuous quality improvement across [Service]
- Integrate the Plan, Do, Study, Act (PDSA) cycle framework as a regular clinical/non-clinical tool for improvement
- Undertake and empower others to undertake PDSAs, particularly around improving health outcomes using [Service] and national key performance indicators (NKPI) data and reports
- Provide support to ensure funding/grant reporting requirements are met
- Record, monitor and evaluate PDSAs and report findings back to staff, Management, the Board and the community through:
    - Monthly reports to the Board
    - Attendance at Management and Team Meetings
    - CQI Report in the Annual Report
    - Newsletters
    - Social media
- Maintain a register of CQI activities and outcomes
- Review and update (with consultation of DCEO/Leadership) the Organisation's Risk Management Plan (Update annually, review biannually)
- Provide leadership in CQI Management and promote continuous improvement through education
- Foster a commitment to and coordinated approach for CQI across all service teams
- Provide motivation for a data-based, cooperative approach to process analysis and change
- Provide education and training on CQI tools and methods
- Act as a resource and reference for staff seeking to implement CQI activities

Health System Improvement

- Monitor and utilise National Key Performance Indicators to assess clinical performance and identify areas for improvement

- Assist and encourage staff to continuously review and improve work practices

Maintain Safety and Quality of Service Provision in Line with National Standards

- Review systems, policies, and processes to ensure compliance with National Standards, relevant legislation, and best practice
- Identify in-house and external training/education requirements and opportunities
- Investigate and manage all near misses, slips, lapses, and mistakes in clinical care
- Review and update Policy & Procedure Manuals annually based on relevant legislation, directives, and College Standards
- Ensure updates are reflected in the Employee and WH&S Handbooks
- Facilitate clinical performance and risk management to address risks to clients, staff, practitioners, and the organisation
- Promote a supportive approach to incident reporting and investigations, focusing on system failures and human factors
- Assess clinical competency of non-General Practitioner staff

Clinical Governance

- Chair the monthly Clinical Governance Committee Meeting
- Advise, direct, and coordinate clinical governance organisation-wide
- Ensure safety and quality by regular auditing of:
    - Medication stock
    - Doctors bags
    - Consumable stock
    - Equipment maintenance
    - Infection control measures
    - Immunisation/vaccine management (including Strive for 5 audits)
    - Clinic housekeeping checklists
- Annually review infection control and vaccine/immunisation management protocols
- In consultation with clinical and management staff, update Medical and Dental P&Ps to reflect best practices
- Ensure staff are educated on P&P changes
- Promote the use of and educate staff on evidence-based guidelines

Provide Registered Nurse Services in the Clinic as Required [included if RN is in the position to adhere to AHPRA membership requirements]

Statistical Reporting and Analysis

- Measure and report on clinical performance against KPIs and National Standards
- Extract statistical data from [PMS software] for CQI purposes
- Utilise the clinical audit tool and reports to support quality improvement
- Provide statistical data for CQI workplan and Department of Health reporting

- Submit CQI Annual Report contribution.
- Conduct and report on audits including:
    - Client engagement surveys
    - Annual complaints audit
    - Annual policy and procedure manuals review
    - Annual Work Health and Safety audit
    - Annual fire drill
    - Annual personnel file audit
    - Annual client record audit
    - Vaccine storage audit

Accreditation Coordination

- Coordinate QIP, AGPAL, and ADA [include all accredited agency cycles] accreditation cycles
- Support service teams and managers in accreditation preparation and documentation
- Emergency and Pandemic Planning
- Develop, maintain, and educate on the [Service] Emergency Response Tool and Pandemic Plan
- Act as Pandemic Coordinator as required

Liaison and Administration

- Model appropriate role clarity and communication
- Maintain positive relationships with staff and clients
- Represent and promote [Service] positively to all stakeholders
- Develop and maintain effective team communication and collaboration
- Work closely with management to achieve organisational objectives
- Ensure efficient use of organisational assets and resources
- Oversee quality improvement processes
- Ensure compliance with Health Records and Information Privacy Act and Australian Privacy Principles

MEETINGS

- Chair Clinical Governance Committee Meeting
- Report monthly to DCEO on CQI activities
- Attend monthly Leadership Team Meetings
- Represent [Service] in meetings as directed by the DCEO
- Attend team meetings to provide CQI updates

KEY PERFORMANCE INDICATORS

CQI Implementation	Minimum of 4 CQI Activities completed and evaluated per year with outcomes presented to Management and Board.
Data and Reporting	Monthly CQI and statistical reports submitted to DCEO within deadlines. Annual CQI report submitted by September for inclusion in Annual Report.
Accreditation	Organisation maintains compliance with all relevant accreditations (AGPAL, QIP, ADA); successful audit outcomes with minimal corrective actions.
Policy Review	100% of clinical and administrative policies reviewed annually and updated in accordance with national standards and legislation.
Training and Education	At least 2 CQI-related in-house training sessions delivered to staff per year. Evidence of ongoing staff engagement in quality improvement.
Risk Management	Annual Risk Management Plan reviewed and updated; all incidents investigated within 10 business days.
Clinical Governance	Monthly Clinical Governance Committee meetings were held and minuted; all risk and quality issues reviewed within 5 working days.

PROFESSIONAL DEVELOPMENT

Undertake training to maintain and enhance professional knowledge and skills.

ESSENTIAL SKILLS AND EXPERIENCE

- Demonstrated experience leading or coordinating Continuous Quality Improvement (CQI) programs in a healthcare or community health setting
- Strong understanding of clinical governance, accreditation standards (e.g., AGPAL, QIP, NSQHS, ISO), and risk management systems
- Proficiency in interpreting, analysing, and reporting clinical and organisational data, including use of electronic health record systems (e.g., Communicare, Best Practice)
- High-level knowledge of Australian health regulations, funding compliance, and quality frameworks

- Experience designing and delivering staff training in quality improvement methodologies (e.g., PDSA cycle, audits)
- Proven ability to lead and facilitate internal audits, identify improvement opportunities, and implement actions across multidisciplinary teams
- Excellent communication, negotiation, and interpersonal skills for stakeholder engagement and team collaboration
- High-level written skills including the development of reports, policy, and procedure documents
- Strong time management, organisational, and prioritisation skills with the ability to meet deadlines
- Ability to work both independently and as part of a leadership team, exercising sound judgement and professional integrity
- Commitment to cultural safety and working within an Aboriginal community-controlled health organisation

MANDATORY REQUIRMENTS

- Current AHPRA registration
- Cultural awareness and sensitivity in all work
- Adherence to WH&S policies and procedures
- Compliance with complaints procedures
- Record handling in line with privacy legislation
- Maintain strict client confidentiality
- Compliance with organisational policies and procedures
- Commitment to anti-discrimination and equity
- Perform other duties within scope as directed by the CEO

SIGNATURE & ACKNOWLEDGEMENT

I agree to abide by the standards and policies and have read and understood the job description and agree to comply with same.

Employee Signature: _____
Date: _____

Manager Signature: _____
Date: _____