



Job Description

Director of Quality Improvement

Location: Onsite

ABOUT THE COALITION OF ORANGE COUNTY COMMUNITY HEALTH CENTERS (COALITION OC)

The Coalition of Orange County Community Health Centers (Coalition OC) is a membership organization of 21 independent 501 (c) 3 nonprofit organizations, including 20 Community Health Centers with 106 sites throughout Orange County. Today our member health centers include federally qualified health centers (FQHC) and FQHC Look-Alikes, Free Clinics, and Mobile clinics. Serving over 340,000 patients annually.

Coalition OC represents community health centers in the County, with the mission to unite health centers and partners amplifying their collective voice and strengthening their capacity to ensure every person has access to high-quality care.

For 52 years, the Coalition OC has engaged in the work of building a healthier Orange County. We believe for our community to thrive, everyone must have equitable access to quality, affordable healthcare regardless of income, ethnicity, or immigration status.

POSITION DETAILS

Title: Director of Quality Improvement

Reports To: Chief Transformation Officer

Employment Type: Full-Time

Service Area: Orange County

POSITION SUMMARY

The Director of Quality Improvement provides strategic leadership for the Coalition's integrated quality continuum, spanning quality management (QM) and quality improvement (QI), to advance clinical quality, patient outcomes, operational performance, regulatory compliance across member health centers. This role strengthens clinical excellence, reduces unwarranted variation in care, improves patient safety, and supports consistent, high-quality performance across member health centers.



Reporting to the Chief Transformation Officer, the Director of Quality Improvement leads execution of Coalition OC's quality strategy across member health centers, ensuring alignment with organizational transformation priorities.

The Director oversees the design and implementation of the Coalition OC's quality measurement and performance improvement framework, including UDS, HEDIS, and other clinical and non-clinical quality indicators.

The Director is responsible for leading the quality management to quality improvement continuum, ensuring that quality data are effectively used to drive performance improvement across the network. In close partnership with the Health Information Technology (HIT) and analytics teams, the Director ensures that quality reporting systems, dashboards, and data infrastructure support accurate, timely, and meaningful performance measurement. The HIT function is responsible for data infrastructure and validation processes, while the Director ensures the clinical and operational relevance of measures and their effective use for improvement.

The Director leads system-wide quality improvement efforts by supporting member health centers in identifying performance gaps, implementing evidence-based improvement strategies, strengthening clinical workflows, and improving care delivery systems. This includes facilitating learning collaboratives, peer groups, and technical assistance initiatives that build member capacity and promote the adoption of best practices in quality.

The Director also develops training, guidance, and implementation support to foster a culture of continuous quality improvement and accountability across the Coalition OC's membership. Working collaboratively across departments and with external partners, the Director ensures quality initiatives are aligned with the broader transformation agenda and leverages data and performance insights to drive measurable improvements in outcomes, experience, and operational performance across member health centers.

Key Responsibilities

Strategic Leadership & Quality Improvement

- Develop and lead the Coalition's quality improvement strategy in alignment with organizational priorities, member needs, and emerging healthcare trends.
- Establish quality improvement goals, frameworks, and performance measures that support improved clinical outcomes, operational excellence, and health equity.
- Identify opportunities to advance quality, access, care coordination and population health across member health centers.
- Serve as a system translation leader for quality improvement, developing deep subject matter expertise in quality measurement, regulatory and payer requirements, and how policy and system changes impact clinical operations, documentation, coding, and reported performance across member health centers.



- Translate external requirements (e.g. payer models, regulatory updates, quality measure specifications, etc.) into actionable guidance, tools, and implementation of support for member health centers.

Member Engagement & Technical Assistance

- Serve as a system level quality improvement consultant to member health centers by leading 2-3 cross member improvement initiatives identified through the work request process, while advancing capacity building in QI methodology across member health centers, through coaching, technical assistance.
 - Support member health centers in implementing evidence-based practices, quality improvement plans, and performance improvement initiatives.
- Translate work requests into actional guidance, tools, workflows, and technical assistance.
- Provide hands on support, coaching, and facilitation to support adoption and implementation across health center leadership and quality teams.
- Foster strong relationships with clinical and operational leaders to advance shared quality and performance goals.

Leading Collaboratives & Peer Networks

- Design and implement educational opportunities, workshops, and peer learning activities that build organizational capacity and accelerate improvement. (Develop peer group strategy).
- Lead and facilitate quality improvement learning collaboratives, peer groups, and communities of practice for member health centers.
- Convening clinical, quality, and operational leaders to share best practices, lessons learned, and innovative approaches to care delivery.
- Promote cross-organizational collaboration and the dissemination of successful strategies across the network.

Program & Grant Management

- Oversee quality improvement programs and related staff to ensure successful implementation and achievement of outcomes.
- Ensure quality initiatives align with grant objectives, contractual requirements, and organizational priorities.
- Monitor program performance, evaluate impact, and communicate results to leadership, funders, and key stakeholders.
- Support the development of grant proposals, reports, and sustainability strategies related to quality improvement and performance initiatives.

Data, Analytics & Performance Management

- Develop and oversee performance measurement frameworks, dashboards, and reporting systems to monitor quality and operational outcomes.
- Analyze and interpret clinical, operational, and quality data to identify trends, opportunities, and areas for improvement.



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- Translate data into actionable recommendations that support decision-making and performance improvement efforts.
 - Collaborate with internal teams and member health centers to improve data quality, reporting accuracy, and performance monitoring capabilities.

Partnerships & Stakeholder Engagement

- Represent the Coalition in meetings with health plans, government agencies, funders, community partners, and other stakeholders.
- Build and maintain strategic partnerships that advance quality improvement, value-based care, and population health objectives.
- Collaborate across departments to integrate quality improvement principles into Coalition programs, services, and strategic initiatives.
- Partner with program and department leaders to support communications that advance organizational priorities and member engagement.
- Serve as a communications resource to staff and leadership across the organization.

JOB REQUIREMENTS

- Travel throughout Orange County is required; Visiting health centers is possible and is determined by operational needs.
- Evening and weekend availability may be required to attend events, conferences, and meetings in support of the organizations and member's needs.
- Must comply with all organizational policies, confidentiality standards, HIPAA requirements, and applicable state and federal regulations.

PROFESSIONAL EXPECTATIONS

- Demonstrate professionalism, accountability, and ethical conduct in all interactions with staff, partners, and community members.
- Exhibit reliability through consistent punctuality, attendance, preparedness, and completion of assigned responsibilities.
- Communicates clearly and professionally, both verbally and in writing.
- Demonstrates adaptability in response to evolving organizational priorities, funding environments, and regulatory requirements.
- Provide exceptional customer service, treating all individuals with respect, empathy, cultural sensitivity, and strict confidentiality.
- Actively participate in staff meetings, training, and professional development opportunities.



KEY PERFORMANCE ACCOUNTABILITIES

- **System-Level Quality Improvement Stewardship**
 - Ensure consistent application of quality improvement methodologies (e.g. Model for Improvement, Lean Six Sigma, etc.) across supported initiatives with member health centers.
 - Maintains alignment of quality improvement efforts with organizational priorities, member needs, regulatory expectations, and payer requirements.
 - Ensures development and use of structured systems (work request intake, prioritization frameworks, documentation tools, and tracking processes) to support consistent quality improvement support across member health centers.
 - Ensures continuity of quality improvement initiatives through documented processes, tools, and shared resources that support work during staff transitions or changes in member engagement.
 - Promotes consistent use of approved quality improvement methods, tools, and frameworks across all supported initiatives.
- **Strategic Quality Improvement Leadership**
 - Provides system-level quality improvement expertise to support the design and alignment of cross-member improvement initiatives sourced through the Coalition work request process.
 - Translates clinical, operational, regulatory, and payer requirements into actionable quality improvement approaches for member health centers.
 - Identifies opportunities to improve clinical outcomes, operational performance, care coordination, population health, and health equity across member health centers.
 - Supports leadership in prioritizing quality improvement focus areas based on data, member needs, and system trends.
 - Anticipates external policy, regulatory, and payer changes and translates implications into quality improvement guidance and support strategies.
- **Cross-Functional Coordination & Capacity Building**
 - Serves as a system-level quality improvement consultant and facilitator to member health centers and internal teams.
 - Provides coaching, technical assistance, and facilitation to strengthen quality improvement methodology and capability across member health centers.
 - Builds organizational and member health center capacity in quality improvement tools, measurement approaches, and continuous improvement practices.
 - Partners with program and project managers to support implementation of improvement initiatives, ensuring alignment between strategy, tools, and execution.
 - Convenes and facilitates learning discussions and improvement-focused engagements across member health centers to support shared learning and adoption of best practices.
- **Data Informed Quality Improvement and Performance Insight**
 - Uses quality, clinical, operational, and performance data to identify improvement opportunities across member health centers.



- Supports interpretation of data to inform quality improvement priorities, focusing on actionable insights rather than reporting alone.
 - Ensures data is effectively translated into improvement strategies, tools, and guidance for member health centers.
 - Supports alignment between measurement frameworks, reporting requirements, and improvement activities to strengthen learning and performance improvement.
 - Collaborates with internal teams to improve clarity, usability, and consistency of quality-related data used for decision-making.
- Partnership & External Alignment
 - Represents the Coalition in discussions with health plans, regulatory agencies, and external partners related to quality improvement, measurement, and value-based care alignment.
 - Supports alignment of quality improvement initiatives with external requirements while maintaining focus on member health center applicability and implementation feasibility.
 - Builds collaborative relationships with external stakeholders to support shared understanding of quality measures, expectations, and improvement opportunities.
 - Ensures external guidance is translated into practical, usable tools and frameworks for member health centers.

REQUIRED QUALIFICATIONS

- Bachelor's degree required, master's degree in a related field preferred
- 5+ years of experience in the areas of clinical performance measurement and clinical improvement activities
- 2+ years healthcare and/or community health center administrative experience.

COMPENSATION AND BENEFITS

The Coalition of Orange County Community Health Centers offers group health, dental, vision, accident and life insurance. The Coalition pays 100% of employee's health and dental insurance. Spouse and dependent coverage is available at group rates and paid by the employee. Employees are offered paid vacation time and a generous holiday schedule. In addition, eligible employees may participate in a 401(k) program with an employer match.

HOW TO APPLY

Interested applicants are invited to submit a resume and cover letter to:

The Coalition of Orange County Community Health Centers is an Equal Opportunity Employer. We are committed to a diverse and inclusive workplace and encourage applications from individuals of all backgrounds.