Chief Operating Officer

Overview

The Chief Operating Officer (COO) is a senior executive responsible for translating the organization's strategic priorities into effective, efficient, and patient-centered operations. Reporting directly to the Chief Executive Officer, the COO provides executive leadership and oversight of day-to-day health center operations and ensures that operational systems, people, facilities, technology, and workflows effectively support the delivery of comprehensive medical, dental, pharmacy, and related health services.

The COO works collaboratively with the CEO, Chief Medical Officer, Chief Financial Officer, Chief Quality and Compliance Officer, Chief Information Officer, clinical leadership, and other members of the executive team to strengthen organizational performance, expand access to care, improve the patient experience, support sustainable growth, and ensure compliance with applicable federal and state requirements.

The COO is expected to balance **mission, access, quality, financial sustainability, and operational efficiency** while developing strong leaders and creating consistent operational standards across the organization.

Key Responsibilities

1. Executive and Strategic Leadership

- Serve as a key member of the executive leadership team and a strategic advisor to the CEO.
- Translate the organization's strategic plan into measurable operational goals, priorities, and accountability measures.
- Develop the operational infrastructure necessary to support organizational growth, new services, locations, partnerships, and changing models of healthcare delivery.
- Establish and monitor key performance indicators (KPIs) and regularly communicate operational performance to the CEO and leadership team.
- Identify organizational barriers and lead cross-functional initiatives to improve efficiency, access, quality, and financial performance.
- Promote communication and collaboration among clinical, administrative, and support departments.
- Represent the organization with community partners, vendors, governmental entities, and other stakeholders as appropriate.

2. Health Center Operations

- Support the oversight of day-to-day operations across health center locations and service lines.
- Support efficient and consistent systems for scheduling, registration, patient access, front-office operations, referrals, health information workflows, and patient flow.
- Evaluate operational standards and promote consistency across medical, dental, pharmacy, and ancillary services while recognizing legitimate differences among clinical service lines.
- Evaluate staffing models, workflows, operating hours, capacity, and resource utilization to maximize access and productivity.
- Use operational and financial data to identify performance gaps and implement corrective strategies.
- Develop systems that support timely care and an excellent patient experience.
- Support the executive team with operational planning and implementation for new locations, service expansions, renovations, and significant organizational initiatives.
- Collaborate with clinical and compliance leadership regarding HIPAA, OSHA, FTCA, quality assurance, risk

management, accreditation/recognition requirements, policies/procedures and other applicable regulations.
- Support organizational readiness for HRSA Operational Site Visits and other regulatory reviews or audits.
- Support emergency preparedness, business continuity, workplace safety, and organizational risk-management activities.
- Support an organizational culture of continuous improvement and operational excellence.
- Work with department heads to improve meaningful operational dashboards to monitor indicators such as:
  - appointment availability;
  - no-show rates;
  - patient cycle time and wait time;
  - provider productivity and capacity;
  - staffing levels and vacancies;
  - call-center or telephone performance;
  - patient experience;
  - referral completion;
  - pharmacy performance;
  - IT
  - revenue cycle performance; and
  - site/service-line financial performance.
- Partner with clinical leadership on quality improvement initiatives and efforts to improve both clinical outcomes and operational efficiency.
- Identify and remove operational barriers that impede patients' ability to obtain care.

3. Financial and Business Performance

- Partner closely with the CFO and CEO in development and management of the organization's approximately $22 million annual budget.
- Monitor provider capacity, productivity, staffing ratios, supply utilization, operating expenses, and other factors affecting financial sustainability.
- Collaborate with finance and revenue cycle leadership to improve registration accuracy, eligibility processes, charge capture, billing workflows, collections, and reimbursement.
- Evaluate operational investments based on expected impact on access, quality, workforce capacity, and financial return.
- Identify opportunities for cost containment without compromising patient care, safety, or organizational effectiveness.

Qualifications

Required

- Bachelor's degree in healthcare administration, business administration, public health, organizational leadership, or a related field.
- Minimum 7 years of progressively responsible healthcare leadership experience, including significant responsibility for multi-department or multi-site operations.
- Minimum 3 years in a senior leadership role with responsibility for managers and/or directors.
- Demonstrated experience managing complex healthcare operations and substantial operating budgets.
- Strong financial acumen with the ability to interpret budgets, financial statements, productivity reports, operational dashboards, and business performance data.
- Demonstrated ability to lead significant organizational change and process improvement.
- Strong leadership, communication, problem-solving, negotiation, and decision-making skills.
- Experience developing and managing performance metrics and holding leaders accountable for measurable results.
- Demonstrated commitment to serving diverse and medically underserved communities.

Preferred

- Master's degree in healthcare administration (MHA), business administration (MBA), public health (MPH), or related discipline.
- Senior operational leadership experience in an FQHC or other community health center.

Core Leadership Competencies

The successful COO will demonstrate:

- **Strategic and systems thinking:** Connects organizational strategy to practical execution.
- **Operational excellence:** Builds reliable systems and continually improves them.
- **Financial stewardship:** Understands the relationship between operations, reimbursement, productivity, and sustainability.
- **Accountability:** Establishes measurable expectations and follows through on commitments.
- **People leadership:** Develops strong managers rather than personally managing every operational issue.
- **Change leadership:** Effectively leads teams through growth, restructuring, technology implementation, and process change.
- **Data-driven decision making:** Uses meaningful information rather than anecdote to identify problems and evaluate solutions.
- **Collaboration:** Builds productive relationships between operational, clinical, financial, and administrative leaders.
- **Mission orientation:** Maintains access and service to underserved populations while protecting the organization's long-term sustainability.
- **Executive judgment:** Exercises discretion, sound judgment, confidentiality, and decisiveness when addressing complex organizational matters.

Benefits Package

- 401(k) with employer matching
- Dental insurance
- Employee assistance program
- Flexible spending account
- Health insurance
- Life insurance
- Paid time off
- Professional development assistance
- Referral program
- Tuition reimbursement
- Vision insurance
- Disability & Accident insurances

How to Apply

This is an **in-person position**. Interested candidates should submit their application along with their resume to the following: jobs@communityhealthconnection.org