

A Solution to the New Nursing Graduate Hiring Dilemma

By **Deloras Jones, RN, MS**

*Executive Director
California Institute for Nursing
& Health Care*



Newly graduated nurses are having great difficulty finding jobs as registered nurses (RNs) as they compete with experienced nurses who are working more because of the economy. With fewer nurses retiring or working part-time, positions typically available to new nurses have dried up and hospitals and health systems have cut back dramatically on new graduate hires. The high cost of hiring new graduates to prepare them to perform safely and competently after they have completed their academic studies, a cost which is absorbed by the employer, has further limited employment opportunities. As a result, an alarm-

ing number of new nurses are unemployed, opting for non-nursing jobs, or moving out of state to seek employment opportunities. As the economy improves and unemployment rates drop there will be an exodus of the aging nursing workforce that expanded during the recession and took the jobs that new graduates expected to fill. This will result in a major shortage of nurses for hospitals, which will be further compounded by health care reform with expectations from the federal administration that nurses will help fill the gap for primary care and chronic care management.

The unexpected difficulty of new RNs to find employment as nurses is now California's most pressing nursing workforce issue. After several years of investing in building the workforce, the new graduate hiring dilemma threatens to undermine progress made. Losing these new nurses will have negative effects in the long run. However, the anticipated workforce shortage can be mediated by community-based Transition Program (internships). These programs will also ease the financial burden that hospitals have in hiring new nurses by using these programs as the initial phase of orientation, prior to an employment commitment.

This approach should increase the employability of new graduates, by decreasing the cost of hiring, and help keep them engaged in the workforce.

Background

California's unemployment rate is 12.5%¹ - the fifth highest in the nation - and a recent report indicates the state may be slower than others to recover from the recession.² In 2006 California had the nation's lowest RNs per capita and

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LETTERS TO THE EDITOR

If you have questions or suggestions regarding the News and its contents, please reply to dpeel@cahcnews.com.

Letter from the Publisher and Editor



Dear Reader,

In February 2010, the Facebook social networking web site surpassed 400 million users. Incredibly, this was an increase of 225 million in just one year!

The California Healthcare News recently integrated our web site into the Facebook platform, joining 250,000 web sites that have already done so. You can connect with us on Facebook by visiting www.cahcnews.com, clicking on the blue “join us on Facebook” icon and then

selecting *Like* at the top of the page.

Why join us on Facebook? There are several reasons:

- Our “Discussions” page allows immediate engagement in dialog with other healthcare leaders based on topics you create or choose.
- You can choose to be notified when our content changes.
- We provide links to healthcare management articles beyond those presented on the California Healthcare News web site.

We look forward to seeing you on Facebook!

David Peel, Publisher and Editor

California Healthcare News 2010 Editorial Calendar

Month and Year	Theme of Edition	Space Reservation	Distribution Date
January 2010	Clinics	December 1, 2009	December 21, 2009
February 2010	Human Resources	January 2, 2010	January 19, 2010
March 2010	Hospitals	February 1, 2010	February 23, 2010
April 2010	Insurance	March 1, 2010	March 23, 2010
May 2010	Clinics	April 1, 2010	April 20, 2010
June 2010	Human Resources	May 3, 2010	May 25, 2010
July 2010	Hospitals	June 1, 2010	June 22, 2010
August 2010	Insurance	July 6, 2010	July 20, 2010
September 2010	Clinics	August 2, 2010	August 24, 2010
October 2010	Human Resources	September 1, 2010	September 22, 2010
November 2010	Hospitals	October 1, 2010	October 19, 2010
December 2010	Facilities	November 1, 2010	November 23, 2010

< **Solution, from P1**

prior to the recession was forecast to have a major shortfall of RNs by 2020 meeting only 65% of the state’s demand for nurses.³ In recent years significant efforts and expense have been invested in addressing the shortage. For example, the Governor’s Nursing Education Task Force led a \$165 million dollar initiative to build educational capacity over 10 years, anchored by public-private partnerships.⁴ The effort to build the workforce has paid off. Since 2004, schools of nursing have increased educational capacity by 66% and there are now 31 more nursing programs. In 2009, 4,400 more nurses graduated than in 2004.⁵ Recent data indicates that California now has 638 RNs per 100,000 population, improving its ranking to 46th in the nation – a major improvement from the 580

per capita reported in 2006.^{6,7}

To quantify the extent of the new graduate hiring dilemma, in March of 2009 the California Institute for Nursing & Health Care (CINHC) surveyed employers and found that approximately 40% of new graduates may not find jobs in California hospitals (the usual place of first employment for nurses).⁸ The survey (and another conducted by the hospital association) indicated jobs were available but hospitals wanted and were able to hire experienced nurses.

Solution

Regional forums were held across the state to report the findings from the CINHC survey and identify solutions to this hiring dilemma. Participants included healthcare employers, schools of nursing, state agencies, state nursing organizations, Workforce Investment

Boards, and community organizations. The solution that most resonated was development of community-based transition to practice programs (internships) to keep newly graduated RNs engaged in the workforce and improve employability. Under the sponsorship of a regional collaborative, the transition programs will provide extended experiential learning for new RN graduates to further develop their skills, competencies, and confidence. Through these programs they will be prepared to be valuable employees who can transition into practice more easily when the demand for hiring new nurses inevitably once more grows.

These programs, based in the continuing education division of a school of nursing will enroll the

< **Please see, Solution P4**

<p>Better Retirement Results</p>	
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< Solution, from P3

new nurse in a post-licensure student status and service partners (employers of nurses) will provide the preceptors and clinical experiences. Depending on the needs of regional employers, the programs will be 12 to 18 weeks in length, and provide skill training for an acute area specialty (e.g., labor and delivery, emergency room, critical care, or operating room), a non-acute healthcare setting (e.g. long-term care, hospice, public and community health, or home health), or focus on developing more advanced generalist skills. They will include college credit, applicable towards a higher degree in nursing education, and an industry recognized certificate of completion. Not only will these programs provide additional clinical experience for the new RNs - increasing their marketability - they will also meet the needs of healthcare employers by developing a better-prepared nursing workforce. The California Labor & Workforce Development Agency and the California Hospital Association, along with regional hospital councils, support this novel approach to establish community-based transition programs – which may be the first in the nation. We are very hopeful that the initial transition projects will merit replication and lead to long-term solutions facing the transition of new graduates as they enter practice as registered nurses.

Programs Underway

CINHC received a \$710,000 grant from the Moore Foundation to fund internships for 250 new graduates in the San Francisco Bay Area. Four collaboratives are being funded:

- Samuel Merritt University (SMU), in partnership with Kaiser Permanente
- CSU East Bay with several community hospitals and health facilities as partners
- USF, in partnership with SF Community Clinic Consortium and CA School Nurses Association
- Workforce Institute in South Bay, with community partners

Although programs are not standardized, components that lend themselves to a common approach are being developed. These include: application and marketing materials, skills and competencies to assess participant and define curriculum, preceptor training, evaluation, and industry recognized certificate of completion. Already over 75 new graduates are enrolled in the SMU and CSUEB programs. The other two collaboratives will begin this summer. Applicants are standing in line to participate.

Next steps include continuing efforts to seek funding for expanding programs to other regions. A DOL grant was recently submitted by Saddleback College for over 900 participants in LA, Orange, and Riverside Counties. A survey will be administered in May 2010 to all newly licensed nurses in 2009 and early 2010 to document new graduate hiring experiences and quantify the severity of the problem.

CEOs are urged to learn about regional collaboratives offering Transition Programs in their areas, provide clinical experiences and preceptors, and hire these new nurses as jobs become available, using these programs as “New Graduate Training”.

More information is available on our web site at www.cinhc.org.

Deloras Jones, RN, MS is the Executive Director of the California Institute for Nursing & Health Care. This non-profit 501(c)(3) organization is dedicated to developing solutions to the critical nurse shortage and related nursing issues that affect the health of all Californians. She can be reached at deloras@cinhc.org or 510-486-0627.

¹CA EDD Labor Market Information, current statistic, 3/26/10. www.edd.ca.gov.

²UCLA Forecast: CA Economy Slow Through 2010, 9/16/09. www.cbsnews.com.

³Registered Nurse Population: Preliminary Findings from the National Sample Survey of Registered Nurses – March 2004. Washington D.C.: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing.

⁴California Nurse Education Initiative, Annual Report 2008. www.labor.ca.gov. NEI 3rd Annual Report 2008.

⁵California Board of Registered Nursing 2008-2009 Annual School Report. www.rn.ca.gov/foms/survey

⁶Registered Nurses per 100,000 Population, 2007. www.statehealthfacts.org.

⁷Registered Nurse Population: Preliminary Findings from the 2008 National Sample Survey of Registered Nurses – March 2010. Washington D.C.: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing

⁸www.CINHC.org

California Hospital Financial Information

cahcnws.com

Financial Results for the 50 Largest Hospitals in California For the 12 months ended December 31, 2009 (Ranked by Total Discharges)¹

Hospital Name	County	Total Net Patient Revenue	Pre-Tax Net Income	Pre-Tax Net Income/ Total Net Patient Revenue	Total Discharges	Total Days
CEDARS-SINAI MEDICAL CENTER	LOS ANGELES	1,883,304,098	178,916,269	9.5%	49,786	275,724
COMMUNITY REGIONAL MEDICAL CENTER	FRESNO	686,606,295	22,693,794	3.3%	37,128	206,663
LAC/USC MEDICAL CENTER	LOS ANGELES	843,145,317	25,539,271	3.0%	34,437	206,910
COMMUNITY & MISSION HOSP-HTG PARK	LOS ANGELES	34,398,798	6,050,783	17.6%	33,409	41,620
LOMA LINDA UNIVERSITY MEDICAL CENTER	SAN BERNARDINO	942,142,866	38,010,293	4.0%	33,149	206,490
UNIVERSITY OF CALIFORNIA DAVIS MED CTR	SACRAMENTO	1,084,618,689	69,650,905	6.4%	31,447	172,432
SCRIPPS MERCY HOSPITAL	SAN DIEGO	510,512,811	11,178,329	2.2%	31,437	141,500
SUTTER MEDICAL CENTER-SACRAMENTO	SACRAMENTO	710,744,810	66,815,160	9.4%	30,577	169,704
HOAG MEMORIAL HOSPITAL PRESBYTERIAN	ORANGE	691,908,383	165,014,189	23.8%	29,521	120,827
UCSF MEDICAL CENTER	SAN FRANCISCO	1,709,076,112	120,993,828	7.1%	29,098	189,804
HUNTINGTON MEMORIAL HOSPITAL	LOS ANGELES	439,545,550	30,757,987	7.0%	28,036	133,461
CALIFORNIA PACIFIC MEDICAL CENTER	SAN FRANCISCO	1,048,945,000	181,193,000	17.3%	28,022	170,927
ARROWHEAD REGIONAL MEDICAL CENTER ¹	SAN BERNARDINO	478,860,448	29,849,339	6.2%	27,610	113,712
GROSSMONT HOSPITAL	SAN DIEGO	451,792,262	14,885,195	3.3%	27,221	118,120
CITRUS VALLEY MEDICAL CENTER - QV CMP	LOS ANGELES	299,587,778	2,653,868	0.9%	25,289	123,676
TORRANCE MEMORIAL MEDICAL CENTER	LOS ANGELES	407,575,953	13,618,268	3.3%	25,275	104,877
ANTELOPE VALLEY HOSPITAL	LOS ANGELES	277,507,864	-6,766,757	-2.4%	24,842	102,531
ST. AGNES MEDICAL CENTER	FRESNO	401,885,163	22,909,660	5.7%	24,545	110,260
LONG BEACH MEMORIAL MEDICAL CENTER	LOS ANGELES	473,514,064	77,078,590	16.3%	24,175	116,880
LAC/HARBOR+UCLA MEDICAL CENTER	LOS ANGELES	430,925,509	-26,831,325	-6.2%	24,047	128,097
STANFORD UNIVERSITY HOSPITAL	SANTA CLARA	1,721,477,958	238,144,958	13.8%	23,894	134,660
UNIVERSITY OF CALIF - SAN DIEGO MED CTR	SAN DIEGO	957,707,379	189,716,408	19.8%	23,745	134,651
SANTA CLARA VALLEY MEDICAL CENTER	SANTA CLARA	731,212,963	-157,869,152	-21.6%	23,351	111,635
RONALD REAGAN UCLA MEDICAL CENTER	LOS ANGELES	1,159,144,234	148,585,720	12.8%	23,006	163,071
ST. JOSEPH HOSPITAL - ORANGE	ORANGE	504,965,088	57,137,413	11.3%	22,108	86,658
POMONA VALLEY HOSPITAL MEDICAL CENTER	LOS ANGELES	392,040,709	10,012,985	2.6%	22,080	105,155
KAWEAH DELTA MEDICAL CENTER	TULARE	349,861,595	5,451,322	1.6%	21,933	129,830
PALOMAR MEDICAL CENTER	SAN DIEGO	313,796,988	13,531,343	4.3%	21,685	113,547
ST. FRANCIS MEDICAL CENTER	LOS ANGELES	299,823,113	12,497,108	4.2%	21,505	105,490
RIVERSIDE COUNTY REGIONAL MED CTR	RIVERSIDE	338,439,222	-8,060,522	-2.4%	21,236	116,492
PROV LITTLE CO OF MARY MC-TORRANCE	LOS ANGELES	282,283,548	9,932,071	3.5%	21,198	95,904
MEMORIAL HOSPITAL MODESTO	STANISLAUS	512,725,943	82,100,334	16.0%	21,184	98,865
DOCTORS MEDICAL CENTER	STANISLAUS	329,158,923	10,314,497	3.1%	20,853	106,081
MISSION HOSPITAL REGIONAL MED CTR	ORANGE	387,384,795	50,052,794	12.9%	20,549	83,499
ALTA BATES SUMMIT MED CTR-ALTA BATES	ALAMEDA	575,424,608	66,991,059	11.6%	20,400	128,668
MERCY GENERAL HOSPITAL	SACRAMENTO	418,207,900	32,134,900	7.7%	20,093	87,391
RIVERSIDE COMMUNITY HOSPITAL	RIVERSIDE	359,788,691	73,578,439	20.5%	19,544	93,812
MERCY SAN JUAN HOSPITAL	SACRAMENTO	381,087,301	20,362,301	5.3%	19,307	79,884
SANTA BARBARA COTTAGE HOSPITAL	SANTA BARBARA	423,839,423	104,534,369	24.7%	19,181	89,080
WHITE MEMORIAL MEDICAL CENTER	LOS ANGELES	266,054,278	19,229,437	7.2%	19,128	93,385
CENTINELA FREEMAN MED CTR-CENTINELA	LOS ANGELES	230,694,681	6,679,845	2.9%	19,022	74,126
SW HEALTHCARE SYSTEM-MURRIETA	RIVERSIDE	211,301,263	10,254,443	4.9%	18,930	62,837
SADDLEBACK MEMORIAL MEDICAL CENTER	ORANGE	357,657,795	35,627,791	10.0%	18,649	73,806
SHARP MEMORIAL HOSPITAL	SAN DIEGO	514,867,472	15,219,894	3.0%	18,464	97,289
GLENDALE ADVENTIST MEDICAL CENTER	LOS ANGELES	297,759,838	13,082,389	4.4%	18,453	105,177
EISENHOWER MEDICAL CENTER	RIVERSIDE	343,197,037	16,675,818	4.9%	18,317	74,557
DESERT REGIONAL MEDICAL CENTER	RIVERSIDE	322,414,307	39,308,476	12.2%	18,283	83,320
FOUNTAIN VALLEY RGNL HOSP & MC-EUCLID	ORANGE	263,659,841	6,687,696	2.5%	18,192	87,463
GOOD SAMARITAN HOSPITAL - SAN JOSE	SANTA CLARA	463,998,159	75,862,443	16.3%	17,995	88,312
JOHN MUIR MED CTR-WLNT CREEK CAMPUS	CONTRA COSTA	642,283,612	79,418,624	12.4%	17,835	90,074

¹Source: California State Office of Statewide Health Planning and Development. Although among the largest 50 hospitals, eight Kaiser facilities were omitted because figures weren't reported and/or available. Arrowhead Regional Medical Center reported figures directly to the California Healthcare News.

Retirement Plan Management: A Brave New World of Compliance

By Ward Harris
Managing Director
McHenry Partners

and

William Small
Principal
Highland Capital Advisors

Healthcare employers have faced significant challenges over the last few years. These take the form of new rules and regulations, new risks and economic issues that impact employee retirement accounts and employer budgets.

Many healthcare employers are responding effectively to newly mandated regulatory burdens. But there is more to be done as business managers seek to recruit, motivate and retain valued workers – while managing personal, professional and organizational risks.

Key compliance obligations cover written plan documentation and ERISA fiduciary responsibilities of the plan sponsor.

Two major issues for larger plans are third party audits and Federal reporting under Form 5500. As a result, we may end up with government-mandated compliance reporting similar to food labeling - another form of disclosure with which we are all familiar. See our playful prototype plan “nutrition” label at right.

A recent study from the TIAA - CREF Institute found that 63% of healthcare or hospital plan administrators surveyed believe that they are fully compliant with all new

retirement plan regulations.

Good news so far, but many of the plan sponsor’s challenges go beyond the written regulations, and many long-accepted standards of practice for 403(b) plan management don’t necessarily carry over well to the world of ERISA. Here are the key regulatory mandates and business issues flowing from

the new regulations:

- 1. Reporting:** Plan documentation, ERISA standards of care, tax reporting under Form 5500 and third party audits for larger plans.
- 2. Risk Management:** Process documentation and objective advice at both plan and participant levels; supported by plan

Retirement Plan Expense Data			
Lafayette Clinic	As of	12/31/2009	
Serving Size (Average Plan Account/Participant)	\$	20,000	
Servings Per Plan (Number of Participants)		100	
Total Plan Assets	\$	2,000,000	
Summary			
Total Plan Expense	\$	59,020	% of Reasonable Cost 154%
Detail			
			Comments *
Prospectus Expenses			
Fund Management Fee	\$	23,020	Within Range
Distribution Fee (0.25% of assets)	\$	5,000	Questionable Value
Administration Fee (0.25% of assets)	\$	5,000	Some Value
Asset-Based Fees			
Insurance Contract Fee **	\$	24,000	Not Recommended
Asset Wrap Fee	\$	7,000	Not Recommended
Administration Fees/Charges	\$	-	Buried in Contract/Wrap Fee
Other Plan Expenses			
Broker/Rep "Advisor" Commissions	\$	-	Included in Contract Fee Above
Co-Fiduciary Advisory Fee (not offered) ***	NA		Optional ERISA Reimbursement
Plan Audit Fee	\$	5,000	Optional ERISA Reimbursement
Total Plan Costs (as \$)			
Current Plan Costs	\$	59,020	Based Upon Industry Data
Estimated "Reasonable" Costs ****	\$	38,310	Advisor's Opinion
Estimated Excess Costs	\$	20,710	
Total Plan Costs (as % of assets)			
Current Costs		2.95%	Based Upon Document Review
Estimated Reasonable Costs		1.92%	Based Upon Industry Data
Personal Impact of Expense Structure			
Per-Participant Cost / Year	\$	590	
Excess Cost Per-Participant	\$	207	
* Based upon industry research and advisor experience with comparable plans, without brokerage loads / commissions.			
** Includes credit for fee-splitting and revenue sharing from fund managers.			
*** The broker/registered rep in this case is not a fiduciary advisor , but is paid by commission.			
**** Includes services of co-fiduciary SEC-registered investment advisor ("RIA").			

benchmarking and rating standards.

- 3. **Economics:** Fee and expense transparency, along with competitive vendor price through negotiation and ERISA spending/reimbursement accounts for cost recovery.

Auditors, administrators and advisors have responded. Some examples:

TIAA - CREF has partnered with Deloitte Tax, LLP to provide a signature-ready Form 5500 preparation service. Principal Financial Group has released an updated

Form 5500 data collection tool to make the review and reporting of investment expenses easier, faster and more accurate.

At the same time, many CPAs providing plan audit services have focused their educational and outreach efforts to help health-care plan managers satisfy audit requirements effectively and efficiently.

Perhaps the most exciting trend is the adoption of non-brokerage service and advisory models that provide open architecture, fee transparency and cost recovery

and expense reimbursement mechanisms to reduce employer plan costs under a co-fiduciary risk management model.

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California Healthcare News Grows to 4,891 Readers

By David Peel
*Publisher and Editor
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The California Healthcare News is a trade journal and web site that publishes content of interest to leaders of California healthcare organizations. It is the sister publication of the Washington Healthcare News, a popular trade journal and web site serving Washington, Oregon, Idaho and Alaska. The

primary reader demographic of the California Healthcare News is manager to “C” level individuals at hospitals, large clinics and health insurance companies.

Funding for the California Healthcare News comes from online and print advertising. Qualified recipients receive the publication at no cost or obligation.

The total number of readers on

April 1, 2010 was 4,891 (see table below) and is expected to grow to 9,000 readers by September 1, 2010.

Most of the California Healthcare News content is provided by consultants and vendors to the healthcare industry. To learn more about our qualification process for article publishing contact David Peel at dpeel@cahcnews.com.

April 2010 California Healthcare News Demographic Distribution

Position Type	Hospitals & Facilities	Medical Clinics	Insurance Companies	Insurance Agencies	All Other Industries	Totals
Executive	281	25	39	3	327	675
Operations	344	15	111		118	588
Finance	464	17	83		47	611
Physician Leadership	91	5	28		4	128
Marketing & Sales	168	6	54	5	172	405
Human Resources	728	25	79		34	866
Information Technology	15		1		3	19
Legal & Compliance	75	3	40		7	125
Nursing Administration	374	4	44		33	455
Education					4	4
All Other	724	11	163		117	1,015
Totals	3,264	111	642	8	866	4,891

Managing in the Next Decade and Beyond: Challenges and Strategies of Chaos Management

By **Billie Blair, PhD**
President and CEO
Change Strategists, Inc.



It is now 2010. From this decade, forward, management practice will take a completely new direction. For those in health care management this will mean greater focus on strategy as well as the recognition of management's new realities.

For starters, management in this decade will be directed and informed by the dictates of chaos management principles. These principles include: *steady state chaos; chaotic direction; and managed focus implementation.*

Steady state chaos, the first principle of chaos management, stipulates that managers will experience

exceptional chaotic circumstances as the new normal. Many managers currently anticipate that instabilities of the economy and of its institutions will stabilize at some future point. This belief is a wishful but unrealistic notion. The often-cited quotation that "change is the only certainty" is what best describes management's future. Change, which is accompanied by chaotic conditions, is both the current as well as the steady state of the future. The constancy of change that will be experienced from this point forward will require an ever-greater degree of prediction, precision, planning and organizational flexibility.

Chaotic direction informs health care managers that the future direction of organizations will continue to be dictated by elements of chaos and uncertainty. Because this is so, health care leaders must become highly proficient in managing chaotic situations. This will mean that managers will need to understand the specific features of chaos and how these are engaged. Providing good leadership in a steady environment of chaos is greatly different from anything that has been experienced in the past. The management practices that are employed in chaotic conditions are separate and distinct from those formerly undertaken. Specific change-focused strategies

will assist the manager in setting the organizational direction for chaotic realities and in steering a course that is at once mercurial as well as directed at the needs of the organization.

Managed focus implementation defines a constant, steady change focus while undergoing the chaos associated with these changes. All organizations from this decade forward will be buffeted by the demands of change exigency. When an organization is engaged in responding to constantly varying circumstances, there are also behavioral change adaptations required of its employees. Skilled use of the principle of managed focus implementation allows managers to clearly describe change direction, explicate the organizational need, assist employees in understanding their relationship to these current needs, and guide the organization, as a whole, into alignment with the prescribed direction.

In health care organizations there will be growing demand to work faster, smarter and with greater economic emphasis. These demands for exponential change will precipitate chaotic conditions not previously experienced. Careful selection of strategies will allow external requirements to be addressed while bringing about significant changes within the organization. Chaos strategies will lay

the groundwork for an adaptation to change that is expeditious and effective.

When Change Strategists, Inc. works with health care organizations to support rapid response to chaotic circumstances, we suggest three basic strategies: Identify and Analyze; Create and Educate; and Implement and Monitor.

1. *Identify and Analyze* - Every new challenge requiring change must be thoroughly understood before initiating action. Identification of specific challenges is the first action, followed immediately by data collection and analysis that details impacts on the organization and projects their outcomes. The interactional results of these changes within the organization must also be defined. Once change result projections have been completed, a detailed plan of action follows.
2. *Create and Educate* - Creation of the plan of action allows all players within the organiza-

tion to take part in the change development processes and to fully understand individual roles as well as those of team mates. The creation phase includes an educative component to ensure that the change needs are understood and that all staff - no matter their technical function - have assumed responsibility for their part in the endeavor.

3. *Implement and Monitor* - The third strategic element embraces the need to employ dedication and courage throughout the implementation process and to maintain this unflinching course through use of technical monitoring procedures.

Chaos management is the new normal of health care management practice. It requires a high level of skill, a thorough understanding of technique, and a sound measure of courage and constancy.

Dr. Billie Blair is President/CEO of Change Strategists, Inc., an international management consulting firm with offices in Los

Angeles, CA and Austin, TX. She is an organizational psychologist and has held executive positions in corporate, health care and university environments. Dr. Blair writes widely, including monthly columns in the on-line e-magazine, Lead-Zine® and management columns in health care journals. Organizational change strategies for clients are detailed in her two latest books: ALL THE MOVING PARTS: ORGANIZATIONAL CHANGE MANAGEMENT (2007) and VALUE + EMPLOYEES AS VALUERS (2009).

Dr. Blair, and the teams drawn from the company's professional staff, work with corporate clients around the globe on issues of leadership, chaos management, and organizational strategy. For the past 15 years, Change Strategists, Inc. has provided services to an array of clients including health care systems and national health care organizations at the forefront of effecting significant change management strategies.

She can be reached at: www.changestrategists.com.

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Clinical Manager

It's a Good Life! Live it in Santa Barbara.

Are you an exceptional rehabilitation nursing professional, leader and mentor? Come join our team! Santa Barbara Cottage Hospital has a newly created position for Clinical Manager to oversee the nursing operations of Cottage Rehabilitation Hospital (CRH), a 38-bed acute rehabilitation inpatient facility with Keck Center for Outpatient Services. We serve patients with complex brain injury, stroke, spinal injury, acute trauma, amputation, and neuromuscular disease. This is a unique opportunity, with a trans disciplinary team, and in partnership with the CRH Director of Patient Care Services, to make a difference. Qualified candidates will have a Bachelor's Degree, current CA license or ability to obtain it prior to hire, BLS certification, CRRN certification (or immediate eligibility to sit for the exam), current acute rehabilitation experience with a minimum of three years' total rehabilitation experience, and a successful track record of progressive supervisory responsibility.

We offer competitive salaries and a very comprehensive benefits package, which includes relocation assistance, rental assistance, sign-on bonus, pension plan and tax savings accounts. Make the move that will change your career!

Please apply online @ www.cottagehealthsystem.org EOE

SOUTHERN COOS
Hospital & Health Center



Admitting Manager

Southern Coos Hospital on the beautiful south coast of Oregon has an opening for an Admitting Manager. This is a new position and will provide the successful candidate an opportunity to help us consolidate our patient admitting resources to improve training, performance monitoring, collections, and customer service. This position is responsible for supervision and coordination of all operational activities within the Admitting Departments, which includes the Patient Service Coordinator and switchboard / pbx functions. This would involve point of service collections, compliance, medical necessity, authorizations & referrals and a good understanding of all insurance regulations. Excellent people and communication skills are needed to coordinate the admitting process with physician, nursing & other hospital staff. This position recruits, orients, trains, evaluates and monitors on the job performance of department personnel. This is a "working management" position and the manager is expected to work in any area of the department in addition to supervisory functions.

Educational Requirements/Qualifications:

Bachelor's Degree required. Certified Healthcare Financial Professional (CHFP) is a plus. Minimum 5 years experience with increasing responsibilities in a healthcare admitting, patient accounting, or other related medical environment. Demonstrates proficiency in Microsoft Office (Outlook, Word and Excel) applications is required. Must be familiar with Federal HIPAA and EMTALA regulations and patient confidentiality requirements. Knowledge of procedures of third party payers and fiscal intermediaries and compliance rules and regulations is required. Proactively prioritizes needs and effectively manages resources. Communicates clearly and concisely. Oversees the development, deployment and direction of complex programs and processes. Guides staff toward desired outcomes, setting high performance standards and delivering quality service

This is a full time position of 40 hours a week with competitive benefits. For more information go to www.southerncoos.org, or email lhellman@southerncoos.org or call 541.347.4515. EOE.



Nurse Manager - Perioperative Department

Explore the opportunity to work for a dynamic high performing organization!

In 2007, Sutter Davis Hospital was nationally recognized as one of the Top 100 Hospitals by Thomson Reuters. In 2008, Sutter Davis Hospital received the Eureka Award for Quality Performance from the California Council for Excellence. In addition, in 2009 Sutter Davis Hospital was presented with an award from Modern Healthcare's Best Places to Work in Healthcare, and Press Ganey's Best Place to Practice award. Davis, California is a beautiful community located outside of Sacramento in Northern California.

Nurse Manager - Perioperative Department

In this full time, day shift position, you will manage all of nursing care for patients in the surgical suite, coordinating efforts of the entire surgical team including anesthesiologists, surgeons, and nursing and ancillary personnel to provide optimal perioperative patient care.

Requires graduation from an accredited school of nursing; current CA RN licensure; CPR certification; at least 3 years' experience in the last 5 years in a full service operating room; and supervisory or personnel management experience. A Bachelor's Degree in nursing is preferred or equivalent experience required.

In addition, this position also requires knowledge of clinical standards of practice; familiarity with various approaches to patient care delivery applying relevant clinical concepts, acuity systems, and productivity management; knowledge in clinical analysis, statistics, budgeting, planning, productivity studies and implementation; and knowledge in the areas of professional clinical practice, risk management, and principles of quality improvement.

For more information or to apply online, please visit checksutterfirst.org/careers (Job # SDH-1002833). EOE.

Sutter Davis Hospital
With You. For Life.

Inspired by Values.

St. Mary Medical Center is a 186-bed acute care facility celebrating more than 50 years of healing in the High Desert.

Quality Outcomes Facilitator

We are seeking a current CA licensed RN with a Bachelor's degree (or obtained within 5 years of hire date), a minimum of 3-5 years' recent experience in nursing with proven leadership skills, and Lean Green belt certification within 6 months of hire (Lean Master/Black Belt certification preferred).

We offer a competitive compensation and benefits package. Please apply online at www.stmaryapplevalley.org. EOE.



Chief Operating Officer

Under the general direction of the CEO, the COO will be responsible for the oversight of CenCal Health's day-to-day operations including the leadership and operational implementation of new business plans and programs as directed by the CEO. Additional responsibilities include the oversight of Provider Services provider contract negotiation functions, Information Technology Department, Quality and Decision Support Department, and coordination of the Chief Medical Officer's role regarding clinical input needed by other departments.

QUALIFICATIONS: Bachelor's Degree. MBA, MPH, or related post-graduate degree. Ten-plus years of senior management experience in a managed-care organization with at least five years of direct-reporting for the following departments: Provider Contracting, Claims, and Information Technology. Experience with Medicaid programs and their regulations, guidelines, and standards. (Knox Keene and CMS Regulations)

Additional Key Functions and Responsibilities and Competencies, Skills and Attributes available for review at www.cencalhealth.org

Apply online at www.cencalhealth.org or Contact Debbie Horne, Director of Human Resources at dhorne@cencalhealth.org



QUALITY MANAGEMENT DIRECTOR

Good Shepherd Medical Center a progressive and growing hospital in Eastern Oregon has a current need for an experienced director to help:

- Develop and administer hospital-wide quality management program;
- Oversee Quality Department;
- Oversee case management including monitoring utilization practices from admission to discharge to assure cost-effective, quality patient care and to ensure that patient, physician and GSMC receive maximum benefits from health plan.
- Functions as the Accreditation Coordinator.

QUALIFICATIONS: Bachelors degree in nursing (BSN) required. MSN desired. Must have two years experience in case management or discharge planning. Certification in case management, Utilization review and or Certified Professional in Health Quality desired. Strong leadership and communication skills required. Excellent salary, benefits package and relocation available.

For more information contact: Kelly Sanders, Good Shepherd Medical Center, 610 NW 11th, Hermiston, OR 97838 541 667-3413, Fax: 541 667-3547, e-mail: ksanders@gshealth.org.

Career Opportunities

To advertise call 425-457-4316
Visit cahcnnews.com to see all available jobs.

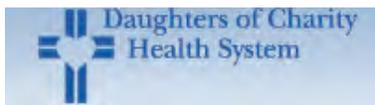
Inspired by Values.

St. Mary Medical Center is a 186-bed acute care facility celebrating more than 50 years of healing in the High Desert.

Patient Safety Officer

We are seeking an RN, RCP or RRT with CA licensure and preferable two years' hospital based acute care experience. Excellent leadership skills, the ability to inspire others and communicate effectively are a must. Knowledge of and experience with analytic tools such as root cause analysis, Pareto charts, Failure Mode Effect Analysis and FOCUS_PDCA improvement models is essential.

We offer a competitive compensation and benefits package. Please apply online at www.stmaryapplevalley.org. EOE.



CARE Project Manager

The Daughters of Charity Health System will launch a nursing initiative to reduce sepsis mortality rates by 25% annually. DCHS is seeking a results-oriented experienced CARE Project Manager who will be responsible for guiding staff nurses through a pre-established leadership development program. He/she will also work closely with project consultants that are national experts in leadership development. The initial project is the development of nursing councils focused on early recognition of sepsis and reduction of sepsis mortality. The ultimate goal is to develop front line nurses as change agents for quality. This position will be primarily located at St Francis Medical Center and St Vincent Medical Center in the Los Angeles area and may include telephonic and occasional site visits to DCHS San Francisco Bay Area Hospitals. This is a dynamic new position that is funded for 30 months.

Requirements: Degree in nursing required. Equivalent experience is 5 or more years in a health care project management role. Experience in quality improvement and/or project management desired. Comfort level with clinical data/data management and Microsoft Excel.

Additional Roles and Responsibilities available for review at www.dochs.org/careers

To apply or learn more, contact Nancy Carragee, RN MS, Director, Quality at 650-917-4521.

We offer excellent salary (\$114K to \$190K annually depending on skills, education, and relevant experience).

Inspired by Values.

St. Mary Medical Center is a 186-bed acute care facility celebrating more than 50 years of healing in the High Desert.

Director, Quality and Lean Management

You will be a change agent leading St. Mary Medical Center's integration of lean into a traditional healthcare organization with a siloed Quality Management function. Requirements include a Bachelor's degree in engineering, nursing or education; 3-5 years' current experience in a leadership role improving performance in a healthcare setting; experience with a team that has led multiple successful applications of Lean Principles; and experience in change management techniques. Lean Green Belt certification within 6 months of hire (Lean Master/Black Belt preferred).

We offer a competitive compensation and benefits package. Please apply online at www.stmaryapplevalley.org. EOE.



PeaceHealth

Dedicated to Exceptional Medicine and Compassionate Care

Located in Southwest Washington State, PeaceHealth's St. John Medical Center includes a 200-bed acute care medical center and PeaceHealth Medical Group, a 100+ clinician multi-specialty practice. We are a mission and values-oriented faith-based nonprofit healthcare system.

We want to share our excitement with you! We offer a competitive salary and comprehensive benefits package. For a complete job description and online application, visit:

www.peacehealth.org/careers

Curious seekers contact:
DTroyer@peacehealth.org,
360-636-4106.

Regional Director, Contracts

Primary financial negotiator for revenue contracts needed. Develop and implement contracting strategy. Requires min. 5 years related experience in the **healthcare finance industry in a contracting capacity.**



Assistant Nurse Manager - Perioperative Services

Explore the opportunity to work for a dynamic high performing organization!

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Assistant Nurse Manager - Perioperative Services Sutter Davis Hospital

In this full time, day shift position, you will manage the total nursing care for patients in the Operating Room and Ambulatory Surgery Center, coordinating the efforts of the entire surgical team.

Must have current CA RN licensure and CPR certification; a minimum 3 years' experience in the last five years in a full service operating room; and knowledge of clinical standards of practice, clinical analysis, budgeting, planning, productivity studies and implementation. A minimum of 1 year in charge position and CNOR certification is preferred.

Apply online at checksutterfirst.org/careers (job# 1002094) or contact Karen Lyke, RN at (916) 924-7673. EOE.

Sutter Davis Hospital
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