

Owner Controlled Insurance Programs Significantly Reduce Construction Costs

By Gisele Norris, DrPH
Managing Director
Aon Healthcare West



Since 2007, California hospital construction expenditure has increased from \$2 billion to \$9 billion annually (California Healthcare Foundation). This surge in costs is expected to continue for the next 15 years, as hospitals strive to comply with seismic regulations and modernize physical infrastructure. The challenging economic environment and uncertain financial impact of health reform will compel hospital leadership to aggressively identify mechanisms to minimize construction costs during the next two decades. One valuable cost control mechanism

is the Owner Controlled Insurance Program.

What is an Owner Controlled Insurance Program (OCIP)?

An OCIP is a single insurance program, purchased and controlled by the owner of the project(s) under construction. This insurance program insures the owner, general contractor, and all enrolled contractors performing work at the project site. Under the terms of a single project OCIP, the owner typically arranges for Workers' Compensation, General Liability, Excess Liability and Builder's Risk coverages. In return for receiving these coverages from the owner, the contractors remove insurance costs from their bids. The owner realizes a cost savings by being able to pool and negotiate more favorable insurance rates than the individual contractors.

Whereas, on small construction projects, an owner typically requires contractors to provide their own insurance, the cost and complexity of large construction projects requires a more sophisticated approach to controlling insurance costs and ensuring proper coverage. For this reason, OCIPs are

now the norm when an owner is involved in projects that exceed \$100 million in construction costs.

Advantages of an OCIP

Although there are many reasons to consider this approach, the most compelling arguments are described below:

- *Cost Savings* -- An owner can realize a pre-tax cost savings of 1%-2% of total construction cost by sponsoring an OCIP. The cost savings are realized

Please see > **Insurance, P8**

Inside This Issue

| | |
|---|----|
| Owner Controlled Insurance Programs Significantly Reduce Construction Costs | 1 |
| Healthcare Finance: Demonstrating Value Through Bundled Payments | 4 |
| Healthcare Finance: Why Federal Hospital Mortgage Insurance Should Remain in the Spotlight | 6 |
| Career Opportunities | 10 |

Publisher and Editor

David Peel

Managing Director

Elizabeth Peel

Contributing Editor

Nora Haile

Advertising

Jennifer Sharp

Contact Information

Phone: 425-577-1334

Fax: 425-242-0452

E-mail: dpeel@cahnews.com

Web: cahnews.com

TO GET YOUR COPY

If you would like to be added to the distribution, go to our web site at www.cahnews.com, click on the “subscribe” tab at the top of the page and enter all information requested. Be sure to let us know whether you want the hard copy or the web version.

LETTERS TO THE EDITOR

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

Letter from the Publisher and Editor



Dear Reader,

RSS, also known as Really Simple Syndication or Rich Site Summary, is a family of web feed formats used to publish frequently updated works in a standardized format. When you see an orange icon in your web browser you are viewing an RSS feed.

Web sites with RSS feeds can save time because changed content can be sorted by publication date. In other words, you can focus on new content, if you choose, rather than reading what you’ve already read. Depending on your software configuration, you can also receive updates delivered to your Inbox rather than re-visiting web sites thus saving even more time.

There are three pages of the California Healthcare News web site that change frequently: Home, Jobs and Consultant Marketplace. We recently placed RSS feeds on all three pages.

Consider subscribing to all three RSS feeds the next time you visit our web site at www.cahnews.com. Just click on the orange icon in your browser, choose subscribe, and you should be ready to go.

If you need help setting this up, call me at 425-577-1334 and I’ll walk you through the process. Until next month,

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 |

**Better
Retirement
Results**

**Performance
Service
Price**



(800) 638-8121



www.mchenrypartners.com

Investment Consultants & Advisors

Serving Healthcare Retirement Plans in the Western States

Time to bring in outside help?

The **Consultant Marketplace**, located on the **California Healthcare News** web site, is where over 50 companies that specialize in providing services or products to healthcare organizations are found.

Visit cahcnnews.com/consultant to learn more.



California Healthcare News

cahcnnews.com | Articles, Interviews and Statistics for the Healthcare Executive

Demonstrating Value Through Bundled Payments

By Mark J. Dubow, MSPH

*Senior Vice President
The Camden Group*

and

Robert A. Minkin, MBA

*Senior Advisor
The Camden Group*

Bundled payment is one of several CMS pilot projects for payment reform designed to achieve clinical and financial integration between physicians and hospitals, leading to enhanced quality and reduced costs. The process of care redesign associated with managing effectively within a global payment (Part A and Part B) can be an early stepping stone to developing more comprehensive models of care integration, such as an accountable care organization (“ACO”). The initial bundled care pilot was implemented in 2009. The pilot for cardiovascular and orthopedic services will be expanded to additional hospital services in 2010 and rolled out nationally to include other clinical service lines and post acute care in 2013. Additionally, several states and health plans are already developing/implementing their own pilots in bundled payment.

There is a significant competitive advantage to providers chosen as a bundled payment pilot site, and winning the selection to participate in the expanded bundled payment process will be competitive. Pilot sites will gain competency in man-

aging care that will be applicable for future management in an ACO environment. Also, Medicare will likely, over time, cull down its provider network, focusing attention on those entities best able to demonstrate value (i.e., enhanced quality, reduced costs). Providers who show proof of success in care management under bundling may gain “preferred” status for inclusion in future services to the Medicare population. Failure to be included in the Medicare provider network could result in a decline of 20 to 40 percent of revenue – a catastrophic event for any provider.

Whether an organization should pursue selection as a pilot program depends on various circumstances and factors specific to the organization. Those with one or more service lines that have high patient volume and a high intensity of resource consumption should consider participation in a bundling pilot. Likewise, organizations in very competitive markets where multiple parties may compete to be the preferred provider via demonstrating value cannot afford to miss the opportunity to secure their long-term role in the market.

As organizations evaluate their readiness for bundled payments, there are two categories of critical success factors (“CSF”) to consider: care management infrastructure and physician integration. The following is a subset of

diagnostic questions an organization should utilize in assessing if it is ready and well positioned to be selected for and achieve success in bundled payment:

1. Among the administrative team and physician leadership, does the organization have the expertise needed to set policy, design evidence-based protocols, and achieve accountability in care management (e.g., chief medical officer, medical directors, hospitalists/intensivists), as well as other infrastructure service components (e.g., quality monitoring, claims processing, etc.)?
2. Does the organization have the capability (i.e., capacity, throughput) to handle increased patient volume?
3. Can the organization track and report performance on clinical outcomes to demonstrate the value delivered relative to benchmarks?
4. Does the organization have the capability to track and report performance on cost management to demonstrate the value delivered relative to benchmarks?
5. Does the organization have the IT components needed (e.g., EMR, aEMR, PACS, CPOE) within the hospital campus and among the physicians, as well

as effective connectivity between those systems?

6. Is there an effective contracting entity?
7. Does the organization have the management services capability to manage the claims, payment process, and reporting necessary for bundled payments?
8. Are there one or more physicians within the service line who can be effective leaders among their peers in clinical integration, quality, and care management?
9. Is there a critical mass of physicians with the right clinical skills to serve the patient volume efficiently while achieving high quality and reduced costs?
10. Does the organization have an

integrated structure in place that enables clinical coordination and the application of evidence-based medicine to enhance quality and reduce variation and cost?

Successful performance in a bundled payment pilot may ultimately enable an organization to subsequently be selected as a preferred provider not only for treating Medicare patients but for many commercial plans as well. To respond to impending changes in payment methodologies from many payers, there is a need to invest in enhancing the care management infrastructure and implementing incentive and accountability systems to coordinate the management of both the hospital and the physician components of care. A willingness to discount prices will not be sufficient. Establishing the competency and

structures to coordinate care and financial risk will be a necessity for those providers that intend to attain or hold on to a sustainable leadership position.

Mr. Dubow is a senior vice president of The Camden Group with more than 26 years of healthcare consulting experience. He has considerable expertise in strategic and business planning, launching new services and products, strategic partnering, facility and medical staff planning, and the facilitation of retreats and meetings. Mr. Dubow has assisted numerous healthcare organizations throughout the U.S. to develop and enhance Centers of Excellence/Institutes specific to cardiovascular, neuroscience, and oncology, among other clinical services. He

Please see> Value, P8



Would you attempt unfamiliar rapids without an experienced guide?

You can rely on Lancaster Pollard to successfully navigate your hospital's capital project and create a customized plan of finance that meets your needs.

Financing for health care:

Expansion ■ Renovation ■ New Construction
Refinance

To learn more contact:

Anthony Taddey, Managing Director
Jason Dopoulos, Vice President

**LANCASTER
POLLARD** 

310-458-9180 ■ 233 Wilshire Blvd., Suite 290, Santa Monica, CA 90401

www.lancasterpollard.com

Member FINRA, SIPC & MSRB

An Option for the Ages: Market Turmoil has put Federal Hospital Mortgage Insurance in the Spotlight. Here's why it Should Stay There

By Jason Dopoulos
*Vice President
Lancaster Pollard*



Much of the recent discussion of federal hospital mortgage insurance has been directed toward smaller facilities that lacked a wide variety of financing options. Rather than being painted as a financing option for a limp economy, however, the Section 242 program should be considered as part of any hospital's financing discussions – under any market conditions. Its competitive fixed interest rates, 25-year amortization and non-recourse nature make it an excellent choice for small independent hospitals, but also for larger facilities and for systems.

For larger hospitals in particular, FHA 242 may have been off the radar for several decades, espe-

cially since the program has only recently become more well-known outside the Northeast, where transactions have historically been concentrated. Started in 1968, the federal hospital mortgage insurance program under the Department of Housing and Urban Development (HUD) has insured over \$15 billion in hospital loans. Transaction sizes range from less than \$1 million to \$756 million. The average loan size of active Section 242 loans is \$81.3 million.

While smaller hospitals may look to hospital mortgage insurance because of its non-risk-based pricing and ability to offer access to investment-grade ratings, larger hospitals can find answers to additional issues within its structure.

Filling the Bond Insurance Void

Since the market downturn, when nearly every AAA bond insurer was downgraded, hospitals have been left with a void where once they had a reliable source of credit enhancement for fixed- or floating-rate debt.

Federal hospital mortgage insurance, however, fills that void, with amortizations of up to 25 years after construction completion and fixed interest rates. Because FHA programs are not risk-based, the rating on the debt will not change with investor sentiment: FHA 242 insured debt is always the equivalent of at least AA resulting in

higher credit ratings than most hospitals currently have or could hope to achieve.

Isolating Riskier Debt

As a non-recourse financing option, hospital mortgage insurance can be used to isolate balance sheet risk by carving out properties from more creditworthy parent corporations or obligated groups. A system with an underperforming facility may choose to finance that property separately to strengthen the balance sheet and potentially expand the system's debt capacity. Should the riskier project run into trouble, the parent system is not liable for the debt.

The combination of the current economic conditions and constant stress about state and federal reimbursements has driven more independent facilities to seek to affiliate or be acquired. As of July 2009, the FHA 242 program can provide financing for acquisitions, spin-offs or refinancing transactions that do not include rehabilitation or new construction. As an acquisition vehicle, a system could acquire a hospital without disrupting the system's credit rating. The system could thereby maintain its debt capacity and credit profile for other capital projects, maintaining ratings on current debt and giving the system flexibility into the future.

The maximum FHA 242 mortgage

is 90% of replacement cost. However, the current land value and net book value of property, plant, and equipment is counted toward the estimated project costs, which can minimize or eliminate the cash equity required. For example, if a hospital with \$50 million in debt wanted to undertake \$20 million in capital improvements and had a current net book value of \$70 million, it could borrow up to \$81 million, or 90% of its replacement cost of \$90 million. In this scenario, the hospital would not have to provide any equity for any project with a mortgage loan less than \$81 million.

Refinancing

Up through June 2009, the Section 242 program could be used to refinance debt only if 20 percent of the mortgage amount was used for new construction projects. This

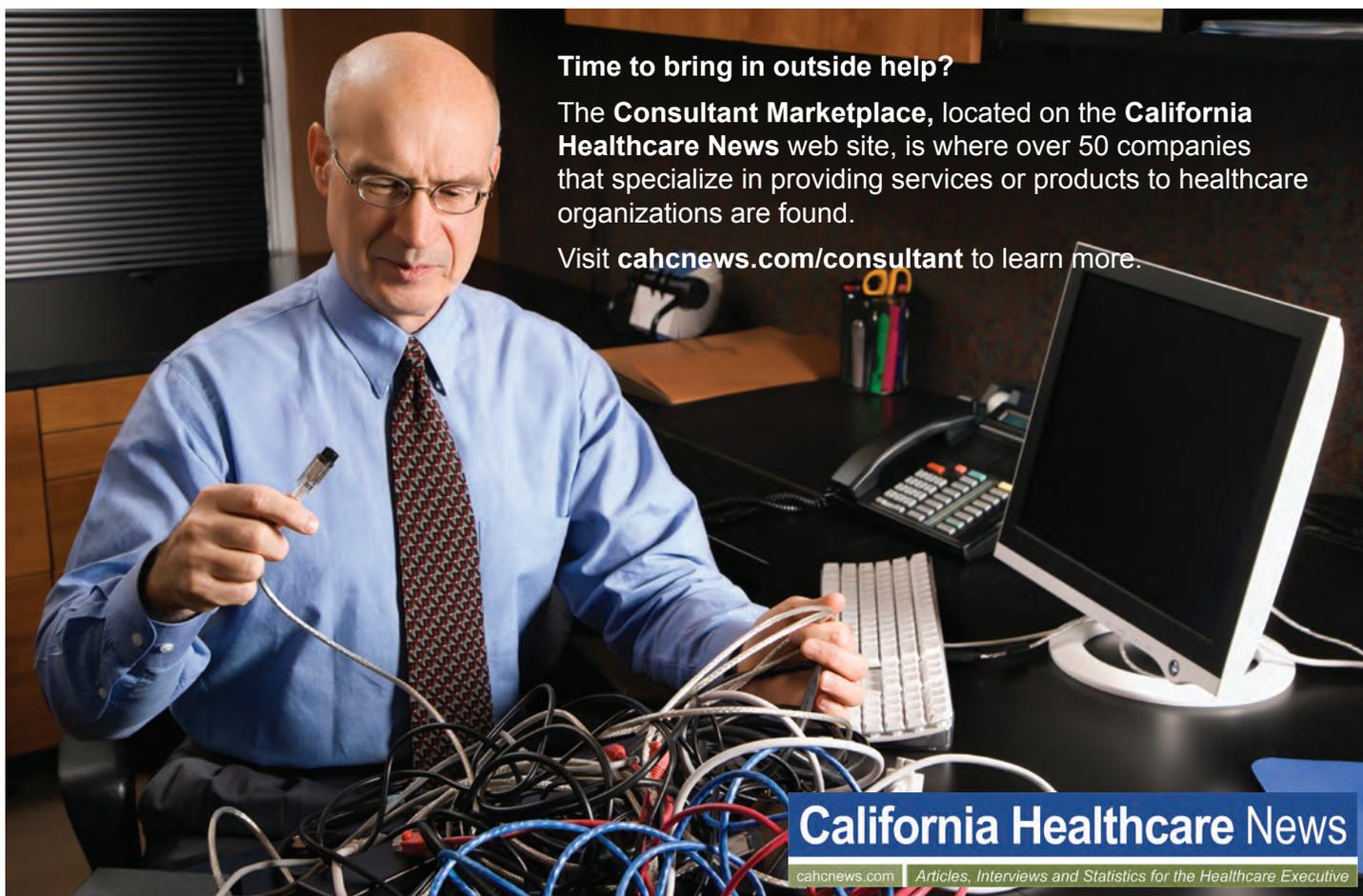
new money requirement made it difficult for some facilities to afford to utilize the program to refinance its debt.

The new money requirement was eliminated in 2009, and the Section 242/223(f) program was created as a refinance-only option for hospitals of all sizes.

Hospital mortgage insurance has historically been seen as a more cumbersome way of acquiring capital, but significant changes have streamlined the process and removed some of the “big bureaucracy” stigma. A select experienced FHA team including former hospital CEOs, CFOs and private sector healthcare consultants now processes the applications. Processing times have been significantly reduced over the past couple of years, and a new initiative to implement “LEAN” processing,

following Toyota’s principles of efficiency, is in progress. Additionally, HUD has a “Fast Track” process for hospitals that meet certain financial criteria, which can further compress the application timeline.

Jason Dopoulos is a vice president with Lancaster Pollard, a leading provider of debt financing and investment advisory services for hospitals nationwide. Mr. Dopoulos works out of the firm’s Los Angeles office and can be reached at (310) 458-9180 or jdopoulos@lancasterpollard.com. To download Lancaster Pollard’s guide to 2010 financing options, covering FHA 242, Build America Bonds, Federal Home Loan Bank enhancement and other options, visit www.lancasterpollard.com/site.cfm/our-focus/health-care-finance.cfm.



Time to bring in outside help?

The **Consultant Marketplace**, located on the **California Healthcare News** web site, is where over 50 companies that specialize in providing services or products to healthcare organizations are found.

Visit cahnews.com/consultant to learn more.

California Healthcare News
cahnews.com | Articles, Interviews and Statistics for the Healthcare Executive

< Insurance, from P1

by the owner's ability to secure insurance coverage at a cost less than that which would have been paid by the owner, had each contractor provided their own insurance coverage and passed these costs onto the owner in their bid.

- *Control of Insurance Coverages* – By purchasing the coverage under an OCIP, the hospital is able to be first Named Insured on the policy, to select which carriers will provide the insurance, influence on how claims are adjusted, and agree to terms of coverage and limits provided.
- *Enhanced Coverage* – Due to leverage gained by aggregating insurance purchasing, the owner gains access to higher insurance limits and broader coverages--dedicated solely to the owner's project. Establishing separate limits also ensures that construction-related claims will not erode the hospital's existing insurance limits. Hospitals find that this benefit is particularly relevant to their existing general liability programs.

How are Cost Savings Realized?

< Value, from P5

can be reached at 310-320-3990 or mdubow@thecamden.com.

Mr. Minkin is a senior advisor with The Camden Group with over 30 years of experience serving in senior leadership roles in hospitals. He is one of the nation's leading experts on bundled payments. Prior

to joining The Camden Group, Mr. Minkin served as the president and chief executive officer of Exempla Saint Joseph Hospital in Denver, Colorado. Under his leadership, Exempla Saint Joseph applied and was approved to participate in a three-year CMS Acute Care Episode ("ACE") demonstration project to "bundle" payments to

- Maintaining a self-insured layer of loss and purchasing catastrophe insurance only above this amount. This structure eliminates the risk charge paid to an insurer on the primary loss layer. The same approach is commonly utilized by hospitals for other lines of insurance coverage (e.g., Professional and General Liability) and is generally well understood.
- Aggregating insurance purchasing, allowing the owner to effectively leverage its volume to negotiate meaningful discounts with insurers.
- Eliminating the 10-15% contractor mark-up on the insurance line. (Contractors typically pay for insurance on a guaranteed cost basis. At bid time, the contractor marks up these insurance costs by 10-15% for profit and overhead and passes the entire amount to the owner as part of the bid amount.)

hospitals and physicians. Exempla Saint Joseph is one of only four hospitals with cardiac programs to participate in the pilot demonstration. He can be reached at 310-320-3990 or rminkin@thecamden.com.

Who Does the Work?

The vast majority of the work associated with the OCIP is performed by the OCIP administrator. The hospital is usually expected to facilitate the activities of the OCIP administrator by helping establish and enforce OCIP administration protocols.

Is my Hospital a Candidate for an OCIP?

Any single construction project or series of projects generating in excess of \$100 million in hard construction costs is appropriate for the OCIP approach. OCIPs are successfully used by public, not-for-profit and private for-profit entities. Currently low worker's compensation rates and a soft insurance market create ideal conditions for initiating an OCIP.

Gisele Norris is a Managing Director of Aon Healthcare. As the world's largest insurance broker, Aon hosts the world's largest construction and healthcare practice groups. Norris works with experts from both of these groups to provide specialized OCIP expertise to California hospitals implementing large construction projects. She can be reached at 415-458-2973 or gisele.norris@aon.com.

To learn more about The Camden Group, visit their website at www.thecamden.com.



Over 11,500 healthcare leaders on the West Coast receive Healthcare News publications each month. As a healthcare organization, doesn't it make sense to target recruiting to the people most qualified to fill your jobs?

To learn about ways the California Healthcare News can help recruit your new leaders contact Jennifer Sharp at jsharp@wahcnews.com or 425-457-4316.

California Healthcare News

cahnews.com

Articles, Interviews and Statistics for the Healthcare Executive

Coalinga Regional Medical Center

Serving the Community since 1938

Coalinga Regional Medical Center is nestled in the coastal mountain range of California, just 70 miles from the Pacific Coast and 60 miles west of Fresno, California.

Coalinga Regional Medical Center is the single most important component of the health care delivery system in the City of Coalinga. Established in 1938, the hospital provides the following essential health care services to the community:

- Acute Care
- D.O.T. Exams
- Emergency Medicine
- Industrial Medicine
- California Licensed Laboratory
- Physical Therapy
- Radiographic and Fluoroscopy Studies
 - MRI - CT Scans
 - Mammography - Sonography
- Respiratory Therapy
- Skilled Nursing Facility

We are currently seeking the following key positions:

- Clinical Lab Scientist
- CNA - Emergency Room
- Diagnostic Medical Sonographer
- Dietician
- LVN- SNF
- Medical Director – RHC
- Nurse Manager - Acute
- RN – ER
- RN – Skilled Nursing Facility

For job postings and applications, please visit:

www.coalingamedicalcenter.com

Email: jobs@coalingahospital.com

Phone: 559.935.6420

Fax: 559.935.6512



Pharmacy Director *Exciting Opportunity!* Portland, OR

Looking to turn your hospital pharmacy and management skills in a new direction? We have an immediate opening for an experienced pharmacy manager or director in an exciting new concept and venture in Oregon.

Vibra Specialty Hospital of Portland specializes in acute care for the medically complex patient for an extended stay. Our patients are admitted on a referral basis from local hospitals. We provide progressive care for our patients as part of a care plan that will ready them for rehab, skilled nursing or home care.

We have an outstanding wound care program, significantly higher than the national average vent weaning rates, and daily rounding and interventions by our hospitalist and specialist medical staff team.

Qualifications: Pharmacist with a B.S. degree in Pharmacy from a NABP accredited College of Pharmacy program, Pharm D strongly preferred, must possess a current Oregon license and have previous acute care hospital pharmacy experience. Must be knowledgeable of acute care hospital Pharmacy regulations and practices. 3 years of previous Pharmacy management experience is required.

You will be excited about the potential and the possibilities of our unique, new venture! Join us!

Please apply online only at:
www.VibraJobs.com

Equal Opportunity Employer
A Vibra Healthcare Facility



Admitting Supervisor

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

Nestled between the ocean and mountains, Santa Barbara Cottage Hospital is the largest healthcare provider between Los Angeles and San Francisco and is one of the three sister hospitals that comprise Cottage Health System. CHS is rated one of the top facilities in the country for excellence in patient care. The hospital has an equal commitment to its employees, demonstrated by our Shared Governance model, which encourages staff to participate in the implementation of changes, leading to a collaborative work environment.

Santa Barbara Cottage Hospital is currently seeking a seasoned supervisor for the centralized Admitting/Emergency Department. The Admitting/Emergency Department takes pride in the use of their new electronic document/signature capture tools, and their automated QA reports, which ensures efficiency and data integrity. This supervisor position involves scheduling within budget, teaching/coaching, and training. Must have 3+ years of supervisor experience in a large healthcare environment; experienced with general data entry applications, plus excellent verbal/written communication skills. This is a full-time, exempt position, with on-call as needed.

At Cottage Health System, we rely on the skills and contributions of our talented team of professionals. That's why we offer a \$3500 sign-on bonus, relocation and rental assistance, and an excellent compensation package that includes above-market salaries, premium medical benefits, pension plan and tax savings accounts. Please apply online at: www.cottagehealthsystem.org. EOE



Center Manager II

At **INSIGHT IMAGING** there is a clear focus on people. We are committed to the selection, development and recognition of talent. Already known for the highest levels of service and technology, INSIGHT IMAGING's employees add the human touch, caring for our patients and their families in a dignified and ethical way.

Job Summary: Under general direction, the Center Manager II performs a broad range of managerial functions to direct the operations of a multi-modality site with revenues greater than 2.5M. The incumbent will ensure the delivery of quality patient care and customer service.

Required:

ARRT licensure or a high school diploma or equivalent. One to five years of experience in a management role.

Desirable:

Bachelor's degree in business or a related field.

Knowledge:

State and federal health and safety regulations. JCAHO standards of practice.

To apply go to www.insighthealth.com, careers, location California, submit, apply for Job No. 4630.

Career Opportunities

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

San Geronio



Director of Diagnostic Imaging

San Geronio Memorial Hospital's is a 77-bed, non-profit community hospital, with a dedicated team of highly qualified professional staff. We are located in one of the fastest growing communities in the U.S., close to Palm Springs and Los Angeles CA. Take advantage of our competitive salaries and excellent benefit package and see why working at SGMH is the right move to make. Come grow with us!

Director of Diagnostic Imaging:

In this position you would be responsible for the management of daily operations, budget and staff of 30. Modalities include, DI, Floro, CT, Mammo, Ultrasound, and Nuc Med. MRI and Cath lab coming soon!!!

Current California Registered Radiologic Technology License. Current BLS Certification.

Graduate of an A.M.A. approved school of Radiologic Technology; BS preferred. Two or three year's previous management experience. Knowledgeable in all aspects of Radiology. Prior experience in cath lab would be highly desirable.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Apply on our website at www.sgmh.org. Fax: 951-769-2168, or email resume to rdrennan@sgmh.org. To learn more call Rynda Drennan, 951-769-2167.



Nursing Director, Medical-Surgical and Critical Care

The nursing department director provides 24-hour direction for the nursing care and related operational/personnel activities for a specific department. Under the guidance of the Patient Care Administrator/CNO ensures the effective operation of the nursing department. This position is also responsible for performing duties consistent with the policies, procedures, mission, vision, guiding principles and manager accountabilities of KVCH.

REQUIREMENTS

Required: BSN. Previous related nursing experience. Previous related Leadership/Supervisory experience.

Preferred: Masters degree in nursing, business or related health field.

Qualifications: Experience in improving organizational performance. Experience in facilitating and leading multidisciplinary teams. Clear, concise and persuasive writing and presentations skills. Ability to present data to professional groups and institute changes based on the data presented. Decisive and capable of exercising good judgment under pressure. Demonstrated ability to organize and work with diverse groups of people. Strong orientation to deadline and detail. Effective problem solving, decision-making and team development skills. Ability to manage a diverse and demanding workload. PC Skills, knowledge or MS Word, PowerPoint and Excel essential. Working knowledge of Patient Centered Care and Lean concepts desired.

Additional Salary Information: DOE

Apply at www.kvch.com



GroupHealth

Clinical Operations Managers

We think you should do something that makes a difference. At Group Health, you'll have a role in changing lives, saving lives, and strengthening the community around us. Management has an important role as part of the team delivering innovative practice and superior patient care service at our Group Health Medical Centers. If you thrive on providing outstanding customer service and the very best patient care, you can use your motivation and management skills to contribute and flourish in this exciting team environment. You will be challenged to grow and learn new management techniques and use cutting-edge technology, so see what's new with Group Health by visiting us on www.ghc.org.

Responsibilities include:

By pairing nursing leadership with medical staff in every clinic, we further our goal of ensuring that clinical leaders are engaged directly with front-line staff in the delivery of optimal patient care.

The individual selected for this position in partnership with their physician dyad partner will support and lead the clinical staff and physicians in the implementation of standard processes across service-lines using the LEAN methodology to engage staff and benefit our patients.

The focus of the Clinical Operations Manager will include:

- Spending a significant amount of time in your front line areas.
- Ability to understand and willingness to implement standard work throughout your service lines.
- Desire to observe, mentor, and coach your front line teams.
- Ability and willingness to use visual systems to monitor standard work.
- Ability and willingness to routinely conduct 4-step problem solving sessions (A3 thinking).
- Ability and willingness to create a culture of accountability for achieving results.
- Willingness to engage your local teams in a manner that fosters continual improvement.

Clinics are located in Seattle, Bellevue, Tacoma and Olympia.

Must have BSN or RN w/ related Bachelor's degree and current Washington RN license.

Managerial experience and the ability to lead teams in the development of standard work are essential.

Competitive salary and excellent benefits.

Visit our website for detailed job descriptions and to complete an application at www.ghc.org.

Call Becky Petersen, Nurse Recruiter at
(206) 448-6079;
Petersen.b@ghc.org

Group Health is an Equal Opportunity Employer committed to a diverse and inclusive workforce.



Visit cahcnnews.com for current career opportunities

Prsrt Std
US Postage
Paid
Olympic Presort



Like you, we
spend a lot of
time listening.

Before an advisory firm can help you strengthen your hospital's financial operations, it needs a deep understanding of the challenges you face. And the opportunities you can leverage.

For more than 35 years, Moss Adams LLP has been listening to our health care clients, offering personal, partner-level service to help them better meet the needs of their patients and communities.

Put our expertise to work for you.

WWW.MOSSADAMS.COM
healthcare@mossadams.com

MOSS ADAMS LLP
CERTIFIED PUBLIC ACCOUNTANTS
BUSINESS CONSULTANTS