California Healthcare News®

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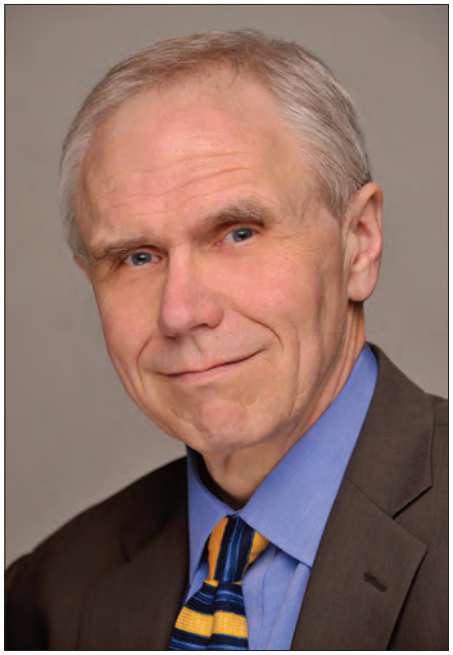
Leadership 101: Are You Paying Retail?

By Ward Harris
Managing Director
McHenry / Epoch, Inc.



Lake Tahoe

I was recently honored to attend the 58th Annual Meeting of the Association of California Healthcare Districts (ACHD).

On the shores of Lake Tahoe, representatives from the member districts listened to industry leaders on topics important to management of these government instrumentalities in the midst of very trying times.

Hospital and healthcare district leadership face a diverse range of challenges and opportunities.

Their work is important and often difficult - especially in light of today's economic, regulatory and investment environments. These challenges are beyond their control or influence.

Trustees and staff also deal with expanded responsibilities that come with the role of retirement plan trustee and fiduciary.

In this role, a key question is how to effectively manage organizational, professional and personal risks.

At the conference, I delivered a presentation on the subject of fiduciary oversight of hospital retirement plans and foundation investment accounts.

For this audience, the proffered perspective was that of a board member, trustee or senior executive.

Timely Topics

At the core of our presentation were issues related to best practices in the role of institutional employer and investor.

Popular themes for the attendees were regulatory changes and investment trends for:

- 403(b) plans
- 457 plans
- 401(k) plans
- pension plans
- executive compensation plans
- foundation & endowment portfolios

Investment risk and return, operating expense and the efficacy of investment advice were all popular segments of the presentation.

The Big Question

One of the district trustees asked an astute question: "How do we know if our benefits / finance team is getting a good deal on our retire-

Please see> Leadership, P2

Inside This Issue

California Healthcare News
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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,

We recently opened an online library of healthcare management articles on the California Healthcare News web site. All of our articles are now available in high resolution PDF files so quality documents can be printed and shared with others.

Our articles are unique and of high interest to manager to "C" level healthcare leaders at hospitals, clinics and health insurance companies. They are also of interest to students and educators. For example, there aren't many places where you can find an article by *Deloras Jones, RN, MS, Executive Director of the California Institute for Nursing & Health Care*, that offers a real solution to the new nursing graduate hiring dilemma.

We encourage you to visit our online library and to have your web master establish a link to our library from your web site. If you find our content to be of value then your web site visitors may as well. The online library URL is **http://www.cahcnews.com/library/index.php** and your anchor text should read "California Healthcare News Online Library of Healthcare Management Articles."

Until next month,

David Peel, Publisher and Editor

<Leadership, from P1

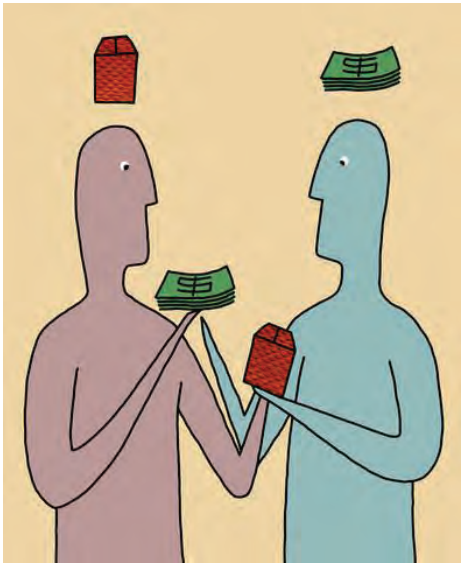
ment plan services for our district and our employees?"

A reasonable question and one that bears a considered answer.

"If you can't measure it, you can't manage it" is a quote variously attributed to Lord Kelvin, Albert Einstein, Bill Hewlett and Arthur Deming, among others.

They Were Right

Fiduciary standards and regulations require that employers manage their responsibilities with the skill and diligence of a prudent person. If you don't measure, compare and document your review of your own performance, how can you show a regulator, a plan participant or an outside board member that you have "done the right thing"?



Key elements of a plan compliance process include:

1. Plan Performance & Expenses;
2. Peer Data & Your Comparative Performance; and
3. Provider Pricing / Best Practices

If it appears that you are paying more than others for investment and administrative services, best practices suggest that you: negotiate, seek alternatives and if necessary, change vendors.

Unfortunately, industry practices and vendor business interests often result in poor access or inaccurate data on peer pricing and reasonable service costs.

Why Can't We Get The Data?

You can.

There are hundreds of hospitals and clinics in the Western states, all dealing with the same issue. It requires a little expense, a bit of effort and a commitment to the process.

Can We Get Better Service Pricing?

You can and should. Everything

is negotiable.

Today, healthcare providers partner to buy supplies, equipment and services through the power of combined price negotiation.

It is possible to realize similar economies in the acquisition and management of employee retirement plans, as well as foundation and endowment investment accounts.

Good micro (plan) and macro (peer) data is required to benchmark your results and costs, while industry access and information is required to effectively negotiate with vendors.

See the Presentation?

If you would like to view a recording of the ACHD presentation on board/management oversight of retirement plans and investment accounts, send an email to:

info@mchenrypartners.com

We will send you the link via email.

There are over 150 public health and hospital districts in the Western states and hundreds more hospitals and clinics in the for-profit and not-for-profit space.

From experience, we see that many healthcare employers are over-paying for services. At the very least, they should be tracking their relative performance and expenses.

Find Friends

As a group, you have a great opportunity - whether small, medium or large employers or investors.

Build shared resources with organizations and fellow professionals with a desire to measure and manage these issues at the board or staff level.

You Are Not Alone

Institutional employers and investors deserve better information, access and leverage.

If you would like to network with other interested organizations, please give me a call.

Good data, some benchmarking and a common sense approach to vendor management can pay great dividends in the form of risk management and plan performance - not to mention reduced operating costs.

Ward Harris supports institutional employers and investors through data management services and fiduciary consulting relationships. He can be reached at 1-800-638-8121 or ward.harris@mchenrypartners.com.

California Health Plans Report Solid First Quarter 2010 Results

By David Peel
Publisher and Editor
California Healthcare News

The thirty largest California health plans, administering health benefits for over 20 million people, reported solid financial results for the first quarter of 2010. Total revenues, investment revenues and net income were all up, compared to the first quarter of 2009, while enrollment was about the same.

Enrollment Shifts from Commercial to Governmental

Many plans serving Medi-Cal and other governmental programs had big increases in enrollment.

According to Alameda Alliance for Health CEO Ingrid Lamirault, "...membership in our Medi-Cal line of business increased 11% from 85,000 in March 2009 to 95,000 members in March 2010. Enrollment also doubled in Alliance CompleteCare, the Alliance's Medicare Advantage Special Needs Program, increasing from 1,000 members in March 2009 to 2,000 members in March 2010."

Howard Kahn, CEO of L.A. Care, noted, "L.A. Care's membership growth is mostly due to the economy, as more people qualify for Medi-Cal, and we're increasing our market share. Our positive financial results are due to this growth, and our increasing partnership with providers."

Plans with large blocks of commercial business saw significant decreases in enrollment.

Blue Cross of California lost 218,000 members. The bulk of this loss was in the commercial large group category where there was a 198,000 decrease in enrollment.

PacifiCare of California lost 236,000 members. Most of PacifiCare's loss in enrollment was in the commercial large group category (157,000) and the commercial small group category (22,000).

Aetna's loss of 51,000 members was almost entirely in the commercial large group category.

Rebound in Investment Revenues

Investment revenues for the thirty plans increased $624 million over the first quarter of 2009. However, there were winners and losers as plans with investments in equities benefited from the general rebound in stock markets while plans with reliance on bond type investments saw decreased interest income. Interest rates on bonds have been lower in 2010 compared to 2009.

Net Income on Upswing

Overall net income for the thirty plans was up $320 million. Kaiser Foundation Health Plan, Inc. led the way with a $276 million increase, primarily because of a $445 million rebound in investment revenues.

PacifiCare reported the biggest decrease in net income. Their enrollment losses contributed to a $307 million decrease in revenue and a $34 million decrease in net income from first quarter 2009 figures.

Of the smaller plans, one company added by subtraction. Western Health Advantage lost 9,000 members but increased net income by $447 million. According to Rick Heron, Director, Community Relations of Western Health Advantage, "Our drop in overall enrollment was due to the termination of contracts for Medi-Cal and Medicare lines of business at the end of 2009, losing roughly 15,000 governmental program lives."

Provider Beware

These changes in type of patient insurance should be of concern to providers. Commercial plans pay more than governmental plans and change of this magnitude will likely place downward pressure on future provider financial results.

California Health Plan Financial Results (000's)

Largest Thirty Plans Sorted by 2010 Revenues

Quarter Ended March 31, 2010 compared to March 31, 2009

	Quarter End Enrollment			Total Revenues			Investment Revenues			Net Income		
Health Plan Name[1]	**03/10**	**03/09**	**Change**	**03/10**	**03/09**	**Change**	**03/10**	**03/09**	**Change**	**03/10**	**03/09**	**Change**
Kaiser Foundation Health Plan, Inc.	6,713	6,793	-80	11,271,621	10,418,422	853,199	271,266	-173,777	445,043	706,229	429,696	276,533
Blue Cross of California	3,532	3,750	-218	2,806,988	2,762,132	44,856	35,750	-70,642	106,392	127,523	88,916	38,607
Health Net of California, Inc.	2,156	2,132	24	2,279,567	2,205,955	73,612	21,266	13,495	7,771	19,267	22,514	-3,247
Blue Shield of California	2,569	2,551	18	2,224,693	2,119,351	105,342	53,835	22,872	30,963	80,668	94,679	-14,011
PacifiCare of California	915	1,151	-236	1,631,391	1,938,320	-306,929	11,154	9,936	1,218	90,431	124,896	-34,465
Aetna Health of California, Inc.	425	476	-51	465,878	471,534	-5,656	3,978	4,154	-176	13,375	20,725	-7,350
Scan Health Plan	118	109	9	415,572	361,240	54,332	19,603	-12,590	32,193	20,450	-6,008	26,458
Heritage Provider Network, Inc.	450	321	129	375,096	260,710	114,386	516	441	75	856	711	145
CalOptima	404	370	34	323,788	292,300	31,488	1,124	1,076	48	20,091	4,345	15,746
L.A. Care Health Plan	833	777	56	289,875	285,223	4,652	490	1,039	-549	3,421	1,284	2,137
Cigna HealthCare of California, Inc.	236	228	8	208,462	197,258	11,204	736	845	-109	445	-687	1,132
Care 1st Health Plan	311	301	10	164,249	172,514	-8,265	313	433	-120	2,815	3,615	-800
Inland Empire Health Plan	443	378	65	163,161	131,491	31,670	126	193	-67	764	992	-228
Partnership HealthPlan of California	160	97	63	161,333	92,791	68,542	148	423	-275	8,649	7,366	1,283
CareMore Health Plan	37	31	6	139,489	113,083	26,406	381	426	-45	9,693	10,381	-688
Central California Alliance for Health	195	118	77	133,829	77,762	56,067	403	587	-184	3,587	818	2,769
Molina Healthcare of California	353	327	26	122,374	106,816	15,558	92	97	-5	950	-7,061	8,011
Primecare Medical Network, Inc.	176	188	-12	102,113	102,609	-496	253	124	129	1,784	3,098	-1,314
San Mateo Health Commission	69	73	-4	98,210	70,658	27,552	49	164	-115	-1,522	-2,475	953
Arcadian Health Plan, Inc.	39	28	11	92,494	64,424	28,070	1,412	630	782	2,240	2,588	-348
CenCal Health	100	94	6	74,131	62,924	11,207	62	185	-123	-58	-2,773	2,715
Western Health Advantage	72	81	-9	72,297	71,343	954	50	52	-2	613	166	447
County of LA-Dept of Health Srvcs.	193	177	16	72,152	65,254	6,898	71	139	-68	1,052	4,918	-3,866
AIDS Healthcare Foundation	1	1	0	58,699	47,025	11,674	41	5	36	3,423	4,388	-965
Contra Costa Health Plan	84	79	5	57,784	56,840	944	-10	97	-107	1,076	211	865
Alameda Alliance For Health	110	100	10	55,546	48,949	6,597	19	47	-28	2,965	393	2,572
Scripps Health Plan Services, Inc.	28	56	-28	54,359	70,530	-16,171	14	110	-96	120	-90	210
Community Health Group	118	111	7	49,361	39,037	10,324	30	114	-84	3,752	570	3,182
Sharp Health Plan	49	46	3	49,237	42,656	6,581	129	89	40	1,016	431	585
Kern Health Systems	102	97	5	39,681	34,077	5,604	565	-931	1,496	3,443	547	2,896
Totals	20,991	21,041	-50	24,053,430	22,783,228	1,270,202	423,866	-200,167	624,033	1,129,118	809,154	319,964

Source: California Department of Managed Health Care (DMHC). [1]Although among the largest thirty health plans, Santa Clara Family Health Plan figures aren't presented as their first quarter 2009 financial reports aren't on the DMHC web site.

Accountable Care Organizations and the Future of Healthcare

By Chris Rivard
Partner and Chair
Moss Adams Health Care Group

By Chris Pritchard
Partner
Moss Adams Health Care Group

The late John Wooden, who will forever be known as the wise man of college basketball, once said that "Teamwork isn't a preference, it's a requirement."

Wooden was talking about hoops, of course, but he easily could have been referring to America's current healthcare delivery system, which is in desperate need of greater integration and coordination.

Indeed, without collaborative efforts that provide safe, efficient, effective, timely and equitable patient-centered care, the U.S. healthcare crisis will not ease or end – regardless of the actions of our current and future leaders.

This isn't a new thought. Many healthcare experts have been saying this for years – and a number of healthcare organizations have tried to work in institutional harmony – in an attempt to create greater value for patients in the form of increased quality and lower costs.

Changing the delivery system's core metric from volume to value is difficult, however, because the fee-for-service model creates often opposing incentives.

So, cost-effective integration is the right concept, and it can take us in a new and improved direction; yet, as we learned during the 1990's, with the rise of managed care, cost-effective integration has to be flexible to really attract patients, and it also has to empower providers to deliver measurable quality outcomes.

These complex, and often conflicting, goals can be achieved with Accountable Care Organizations. The recent healthcare legislation included numerous payment reforms penalizing poor quality and rewarding attempts to better coordinate care. The measure also introduces demonstrations for global payments and mandates a pilot ACO program (the Medicare Shared Savings Program).

An ACO brings together a group of healthcare providers – primary care physicians, specialists and hospitals, for example. Then it offers them incentives and rewards for being accountable to a specific population, hitting specific spending targets, and delivering clinical outcome improvements. When an ACO meets or exceeds its goals, it is rewarded with a share of the overall savings. The downside is that there could be penalties if it fails to reach its objectives.

The underlying thinking behind ACOs is that by placing accountability at the provider level we will be able to meaningfully influence and deliver integrated patient-centric healthcare in this country. In other words, what the ACO attempts to do is pay

providers to work together and share accountability, avoid supplier-stimulated demand, and deliver the right care at the right place and the right time for the best price for consumers. The ACO concept relies on peer review and peer pressure – plus back-end rewards – to make sure that the best healthcare practices, in terms of cost and outcomes, are identified and implemented.

At this point, participation in an ACO is voluntary and progressive. But providers should understand that in the wake of recent reform legislation, reimbursement will likely soon be tied to this type of healthcare structure. Those not participating will face decreased reimbursement.

All of this may sound great in theory, but an objective assessment of the ACO model raises a number of challenging questions, including:

- What is the appropriate structure for an ACO?
- Who should be allowed to "play"?
- Should ACOs be physician-managed and/or controlled?
- Should the physicians be employees of the ACO or contracted partners? In certain states, employment may violate state law.
- How does an ACO put the necessary financial models and reporting tools and capabilities in place?
- How does an ACO effectively balance provider rewards with requirements and responsibilities?
- How does an ACO make certain that the patient-physician relationship is enhanced and enriched and not adversely affected – especially if penalties for under-performance come into play?
- How does the insurance or at-risk component fit into this equation?
- How do ACOs align seamlessly with Medicare?
- How does an ACO ensure that the population it's responsible for is sufficiently diversified to mitigate risk?

These tough questions must be answered – and soon – because the ACO model is going to take hold. The good news is that many of the prerequisites are falling into place. We are seeing expanded transpar-

Please see> Accountable, P8

< Accountable, from P7

ency around healthcare costs and quality; electronic medical records are nearing an important tipping point; and comparative effectiveness and evidence-based pathways are in increasing use.

As the ACO model gains traction, however – and as it becomes an efficient, effective and provider-driven, patient-centric cornerstone of the U.S. healthcare delivery system – we will need a series of major re-education efforts to fully succeed. And this re-education will have to take place on both the provider and consumer sides.

Patients and providers will have to adjust in their relationships. Medical students will have to learn about the nuances of healthcare cooperation and partnership. And the ACOs, themselves, will have to become learning – as well as medical – enterprises that consistently gather, share and employ data to improve the quality and safety of patient care.

The path is difficult, but the direction is clear: If we're going to truly reform healthcare in America, we must adopt these critical changes. And we have to embrace John Wooden's wise words, too. Teamwork among providers is an absolute necessity in order to deliver optimal care and protect patient well-being in communities all across our country in the coming decades.

Chris Rivard is a partner and chair of the Moss Adams Health Care Group. He can be reached at 509-834-2456 or chris.rivard@mossadams.com. Chris Pritchard is a partner and leader of the San Francisco office Health Care Group. He can be reached at 415-677-8262 or chris.pritchard@mossadams.com.

Career Opportunities

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ST. JOSEPH HEALTH SYSTEM

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(Napa, CA)

Job Summary

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Minimum Requirements:

Bachelor's degree in Healthcare Administration, Finance, or other related field. Master's degree in Business Administration, Public Health, Health Administration, or other related field preferred. Certified Public Accountant, Certified Internal Auditor, or Certified Information Systems Auditor, or other related certification preferred. Twelve or more years experience in general management, consulting, or project management in the following subject areas: healthcare revenue cycle, SOX implementation, finance, audit, or healthcare systems. See other requirements at **http://jobs.kp.org**.

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To apply, see other qualifications and learn more visit **www.barlowhospital.org**

COPE HEALTH SOLUTIONS

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(Los Angeles, CA)

The Project Manager of Clinical Integration Solutions is responsible for managing major tasks on internal and external projects for Clinical Integration Solutions, which may include working with the Camino de Salud Network, Provider Practice Redesign, Care Transitions & Coordination, and Patient Flows and Systems. The Project Manager of Clinical Integration Solutions will have the opportunity to gain practical experience and technical skills in health care operations and research.

Job Duties and Responsibilities: Plan, manage and execute major tasks for Clinical Integration Solutions projects, company-wide activities, and business development. Provide technical and analytic support on projects that include working with the Camino de Salud Network, Provider Practice Redesign Care, Care Transitions & Coordination, and Patient Flows and Systems.

See our web site for additional Job Duties, Responsibilities and requirements.

To apply for this position or for more information about COPE Health Solutions, please visit our website at: **http://copehealthsolutions.org/careerswithcope/departmentopenings.html**

NORTHBAY HEALTHCARE

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(Fairfield, CA)

Current California RN License required. Bachelors Degree in Nursing or related field preferred. Masters Degree in Nursing or related Health Care field, required. Current BLS certification required. ACLS, CEN, MICN, and TNCC preferred. Minimum of 3 years clinical experience in an emergency department or intensive care setting required. Management experience / training strongly preferred. Excellent oral and written communication skills required. Ideal candidate possesses teaching ability, leadership ability, and high professional standards. Must be well organized, be able to set priorities, work independently and is an effective team member. Word Processing skills required. Demonstrated clinical skills in working with the following age groups: Neonate to Geriatric.

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Priest

(Los Angeles, CA)

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Requirements

Experience in pastoral ministry, preferably in a hospital setting. Ordination to the priesthood, continuing ecclesiastical endorsement by the ordinary of the Archdioceses and/or Religious Superior, and faculties to provide the Sacraments. Four units of Clinical Pastoral Education preferred. A Master's degree in theology, divinity, pastoral counseling or related discipline, preferred. Appropriate ecclesiastical endorsement. Certification by National Association of Catholic Chaplains, Association of Professional Chaplains or other nationally accredited certifying body for professional chaplains; or eligibility for certification.

To learn more about the position, see additional requirements and apply on-line by visiting:

www.stvincentmedicalcenter.com/careers

M/F/D/V and EOE

SOUTHERN COOS Hospital & Health Center

Chief Financial Officer

(Bandon, OR)

Southern Coos Hospital & Health Center (SCH) located along the beautiful Southern Oregon Coast in Bandon, Oregon, seeks an experienced healthcare executive for the position of Chief Financial Officer. Southern Coos Hospital is a 21-bed critical access hospital providing general acute care services as well as specialty outpatient services. The CFO reports directly to the CEO and will serve as a member of the executive leadership team and interface extensively with SCH's Board of Directors. The CFO oversees all areas of financial management, reimbursement, budget and capital planning, accounting, revenue cycle, patient financial services, materials management, health information management, and information services and technology. Seeking candidates with significant financial executive experience serving as a CFO or VP of Finance. Previous hospital experience required. Desirable qualifications include experience in a critical access hospital environment and CPA or masters degree in finance, accounting, or commensurate area of study. Excellent communication and problem solving skills are essential, along with strong leadership and relationship skills, and the ability to conduct high quality presentations to the Board of Directors. For more information go to **www.southerncoos.org** and contact: Monica Reisner, **mreisner@southerncoos.org** or phone (541)347-4515.

South Peninsula Hospital

Chief Financial Officer

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COPE℠ HEALTH SOLUTIONS

Workforce Solutions Educator

(Los Angeles, CA)

The Workforce Solutions Educator is responsible for creating and providing instructions for clinical and non-clinical education programs for the health care facilities that have contracted with COPE Health Solutions. Additionally, the Educator will share the responsibility for creating educational programs for the COPE Health Solutions' team.

Requirements: Master's degree in Nursing, Education, or related field. California Board of Registered Nursing CEU Provider. Recent experience teaching within a healthcare facility or college. Experience in program development. Creative problem-solving and analytical thinking skills. Strong customer drive and dedication to quality and success. Excellent interpersonal, oral and written communication skills. Excellent customer service skills. Detail-oriented and able to work well independently. Able to work collaboratively and effectively while handling multiple projects on various timelines in an extremely fast-paced environment.

See our web site for additional requirements.

To apply for this position or for more information about COPE Health Solutions, please visit our website at: **http://copehealthsolutions.org/careerswithcope/departmentopenings.html**

ECG MANAGEMENT CONSULTANTS

Healthcare Management Consultants

(San Diego, CA)

ECG Management Consultants, Inc., is a nationally recognized leader in providing a full range of management consulting services to prestigious healthcare organizations. We are currently seeking healthcare management consultants for our San Diego office.

If you are committed to a professional consulting career characterized by exceptional quality and client service, perhaps it is time to look at ECG. We are a privately held and independent firm with a 35-plus year history of growth and a commitment to helping health systems, hospitals, physician practices, and schools of medicine navigate the strategic, financial, operational, and political issues they face.

We are seeking professionals who are interested in a long-term career in healthcare consulting dedicated to providing high-quality, value-added services. You must possess a master's degree, be driven to excellence, have an entrepreneurial spirit and a passion to be a leader in the consulting profession and healthcare industry. We are looking for entry-level professionals and experienced professionals with demonstrated success in healthcare consulting. You must be willing to travel and be able to relocate to within commuting distance of our office. We offer an attractive compensation package that rewards success and accomplishment, as well as the opportunity for rapid professional growth for individuals willing to devote the effort required. If this describes your ideal consulting environment and your own personal characteristics, e-mail a letter and resume to:

Recruiting Manager
ECG Management Consultants, Inc.
recruiting@ecgmc.com
EOE

Queen of the Valley Medical Center
ST. JOSEPH HEALTH SYSTEM

Nurse Program Manager - Outpatient Wound Clinic

(Napa, CA)

Job Summary

The Nurse Program Manager is responsible for the successful implementation, ongoing management and the overall success of the Wound Management Program. This includes, but not limited to, responsibility for operations, reimbursement, quality management and professional and community education.

Qualifications

Current California RN license, current BLS certification, Bachelor of Science degree in Nursing (BSN), and 3 years wound care experience in ambulatory or acute care setting. ET-WOCN certification and CWS credentials required. Masters degree and previous supervisory experience with program development preferred.

Ministry Marketing Statement

For 50 years, Queen of the Valley Medical Center has been the premiere medical facility in the Napa Valley. Our long history of providing high quality and caring service is founded on four core values: Dignity, Service , Excellence and Justice. These central principles inspire us to reach out to those in need and to help heal the whole person-mind, body and spirit.

Queen of the Valley Medical Center combines the region's most qualified physicians and staff with the most advanced technology available. Because we have such high standards of care, our programs have been recognized regionally and nationally for their demonstrated success of outcome and care which is par with university hospitals.

To apply or learn more, visit **www.thequeen.org/Careers**

Career Opportunities

Project Manager of Policy and Business Solutions
(Los Angeles, CA)

The Project Manager of Policy and Business Solutions will play a large role in developing and maintaining quality standards for COPE Health Solutions' overall company messaging, ranging from grant proposals and concept papers to formal letters of support and marketing material. He/She must be able to research and identify opportunities, independently manage projects and, when applicable, maintain excellent client relations. The candidate must manage available resources in coordination with supervisors, team members and clients to ensure expectations are consistently met. The Project Manager will work closely with the CEO and executive team members to support key engagements and initiatives related to health reform.

The Project Manager of Policy and Business Solutions will also be responsible for maintaining current knowledge of federal, state and local health care policy. He/She will utilize this expertise to help COPE Health Solutions and its clients understand the implications of and maximize success within the policy landscape and market environment.

Visit our web site for additional Job Duties, Responsibilities and Requirements.

To apply for this position or for more information about COPE Health Solutions, please visit our website at:
http://copehealthsolutions.org/careerswithcope/departmentopenings.html

Clinical Educator
(Los Angeles, CA)

The Clinical Educator has the primary responsibility to create and promote an environment that affords quality patient care and service excellence by demonstrating evidenced-based and competent practice by the staff. This position is to promote the growth and facilitation of staff development activities that support the delivery of quality patient care and maintains safe and competent practice. The focus is on assessing the needs of the patients, then planning, organizing, and providing education specific to the patient population needs, disease management, critical thinking, decision making about patient care changes in condition. Coordinates programs in conjunction with the Staff Development Coordinator, and Clinical and Department Directors.

Qualifications: Master's Degree, Clinical nurse specialist preferred. ICU experience. Three years experience in an acute care hospital, preferably one year in education. Certified as instructor in BCLS, and/or ACLS.

To apply and learn more visit **www.barlowhospital.org**

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.

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