

Accountable Care Organizations and the Future of Healthcare

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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

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

Letter from the Publisher and Editor



Dear Reader,

We recently opened an online library of healthcare management articles on the Washington Healthcare News web site. All of our articles published since December 2008 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.

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.wahcnews.com/library/> and your anchor text should read "Washington Healthcare News Online Library of Healthcare Management Articles."

Until next month,

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< **Accountable, from P1**

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?

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- 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 transparency 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.

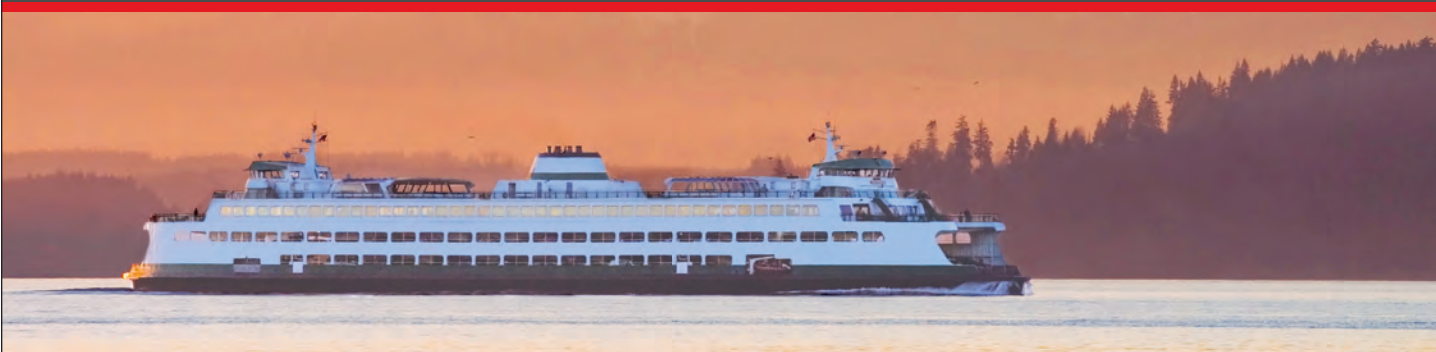
Patients and providers will have to adjust in their relationships. Medical students will have to learn about the nuances of healthcare cooperation and partnership. And the ACOs, themselves, will have to become learning – as well as medical – enterprises that consistently gather, share and employ data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

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Stop-Loss: Not a Commodity

By Thomas Beecken
Senior Product Manager
Healthcare Management Administrators



Managing the financial risk of high dollar claims is one of the primary challenges of many self-funded medical plans. High dollar claims are an ever increasing percentage of total healthcare claims. At HMA, we recognize that stop-loss to protect against these claims is not a commodity that can be purchased solely based on basic contract provisions and price. There are many aspects of stop-loss coverage that need to be understood to effectively manage risk. It is important to work closely with stop-loss carriers who maintain a philosophy of providing seamless protection and strong relationships with a Third Party Administrator (TPA).

HMA has developed criteria for reviewing carriers, contract terms, and administrative guidelines to ensure the most effective manage-

ment of high dollar claims risk. Here, we've provided a few key contract terms – beyond rates – to carefully consider when selecting and reviewing stop-loss carriers.

Financial Strength

It is essential that the stop-loss carrier be there when they are needed. Continually review their financial viability with a primary focus on ratings from the major rating services.

A carrier with a substantial block of business and tenure in the region is desirable. Carriers that are committed to being in the local market will develop their strategies based on that commitment. They will staff their regional offices accordingly and provide dedicated resources in their home office to provide working relationships with the groups and the TPA. This leads to better administrative efficiency, minimized risk, and competitive rates.

Underwriting Practices

It is important that groups be protected from risk at the time of renewal. If a group has high stop-loss claims volume in one year, the stop-loss carrier may laser a high risk individual (exclude them from future coverage) or propose a large rate increase, neither of which is desirable by the employer providing the self-funded plan. This risk can be mitigated by working with carriers that offer no-new-lasers at renewal provisions and renewal

rate increase limits. When the two provisions are combined, they provide significant rate and financial risk protection for the group. Alternatively, carriers that use a pooling approach do not assign all of the high dollar claims experience to a single group, reducing the potential for large rate increases.

Contracts

A risk that is often overlooked is the potential for gaps between the stop-loss contract and the group's summary plan document. If there are conditions or treatments that are covered by the plan document but excluded in the stop-loss contract, the employer can be at significant financial risk. Work with your TPA partner to assure gaps are eliminated.

Claims Processing

Each carrier has unique claims filing procedures and guidelines. Two examples are: 1) The length of time a claim or an adjustment to a claim may be submitted at the end of the contract period, and 2) policies regarding pre-funding, a process where the carrier pays the claim prior to the group funding the claim. These considerations can impact the group's risk and cash flow.

Strong relationships between the carrier, the TPA and the group are important in mitigating claim payment disagreements. This can be especially valuable in appeal situations where there are claims that

are denied that are subject to plan language interpretations. It is important to understand how strictly carriers adhere to their administrative guidelines and contract terms as this may significantly impact the outcome of these disputes. Maintaining an open dialog between all three entities is essential to building the relationship.

Medical Case Management

Many carriers maintain their own internal case management teams which support and contribute to successful outcomes. A payer's medical case management department should develop effective working relationships with a carrier. Efficient communication enables the stop-loss carriers to be aware of potentially large claims at an early stage and to work with your payer collaboratively to ensure best care at optimal prices.

Carriers that recognize the quality

of work performed by the payer's medical case management team may decrease their rates. Also, carriers who recognize the potential impact of disease and maternity management programs and discount their rates are well positioned to be long term partners.

Premium Processing

In months where cash flow may be tight, it is important to have a carrier with flexible grace periods in the payment of premiums. Will the carrier hold claims if premiums are not received? How will they work with a group to ensure that coverage remains in force? Answering these questions and understanding the carrier's policy in advance will be critically important to the overall management of the plan.

Financial strength, underwriting practices, contract alignment, claims processing, medical case management, and premium pro-

cessing are all very important variables that must be understood when considering a stop-loss carrier. HMA carefully evaluates and selects their stop-loss carrier partners to assure the best combination of protection and value for our self-funded customers. To learn more about the importance of having the right stop-loss carrier, contact HMA.

Thomas Beecken is the Senior Product Manager at Healthcare Management Administrators, Inc. (HMA), a third party benefits administrator based in Bellevue, WA. He manages Stop Loss Carrier and Pharmacy Benefits Manager partner relationships. HMA currently administers over 600 benefits plans and offers self-insured employers a full complement of benefit products and services. Contact: 800.869.7093, or proposals@accesstpa.com.

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Employee Engagement Key to Developing Healthier Employees

By Dave Johnson, MD
President
Vivacity

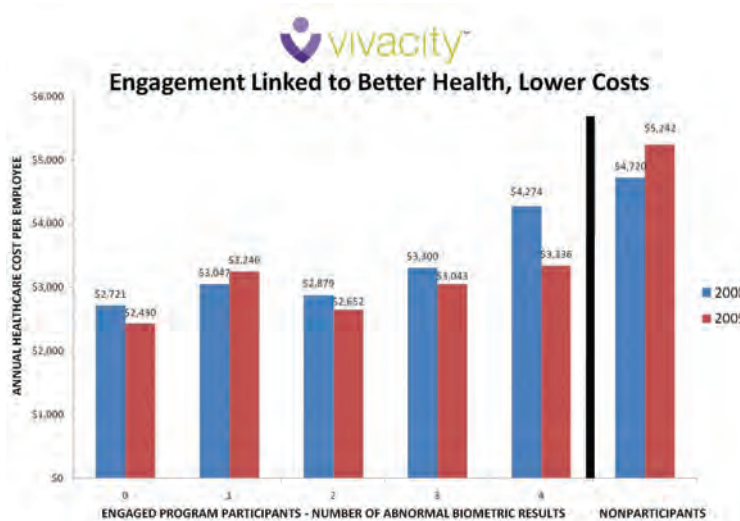
Healthcare expenses continue to rise for employers and employees alike. While healthcare reform attempted to make healthcare more affordable, more than anything it heightened our awareness of just how contentious and important an issue it is to most Americans. As a business or business owner, what tangible opportunities exist to slow or reduce annual healthcare costs?

“Improve your health” is a battle cry heard frequently throughout companies both small and large. Develop healthier employees and by deductive reasoning, related healthcare costs should decline. But how, and more importantly, what, drives successful results? The key is engagement.

Simply offering opportunities for employees to participate in healthy activities, a discount to the local health club or distributing information on healthy choices may produce satisfactory results. However, as we have learned through our own research, there are no simple answers. Above all, engagement is the hidden key to success. The challenge becomes: “can the program generate engagement?” Develop and support an engaged participant and results point to

significant financial benefits, not to mention a healthier and happier employee.

Vivacity tracked a client’s progress on five key health measurements. Research revealed that healthcare costs for employees engaged in the worksite wellness program averaged more than 30% lower in year one than for those who elected not to participate. The chart measures in real dollars

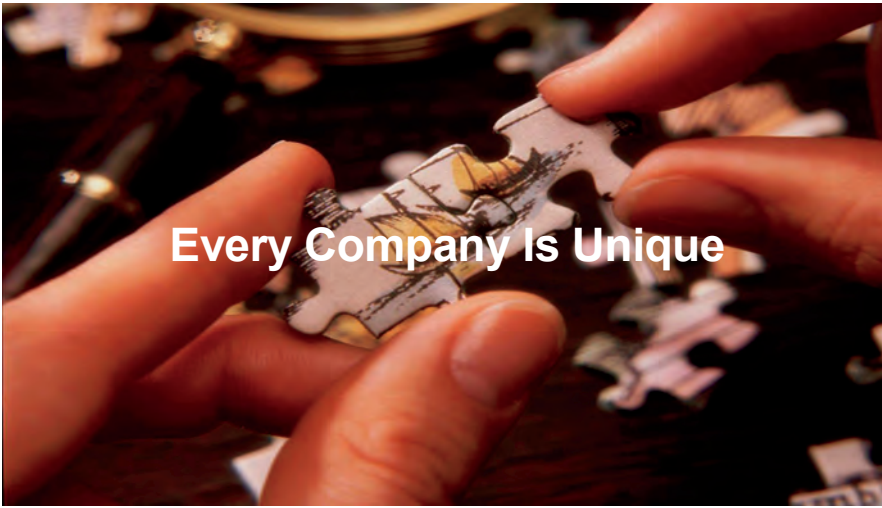


the difference between an engaged participant and non-participant. Even if a participant had all five biometric readings outside the normal range, their average annual healthcare costs were still lower than a non-participant. Subsequent research revealed that average year-over-year medical costs for engaged employees decreased by 9% or about \$300 and participants recorded a significant lowering of their 10 year risk of heart disease.

Comprehensive wellness programs have traditionally been available only to large employers. Generally speaking, small to medium-sized businesses do not have the support mechanism in place to offer and sustain a workforce wellness program nor the employee base to create economies of scale. While Vivacity can meet the demands of a multi-billion dollar corporation,

it recently launched a series of highly innovative products designed exclusively for small to medium-sized businesses. Most importantly, to promote a supportive and ultimately successful program, Workforce Wellness is designed to meet the needs of companies ranging from 25-500 employees and can include professional consultation with a Vivacity wellness professional. This professional advice not only helps clients design a workforce wellness program that meets their specific needs, it also fosters long-term engagement that is critical to success.

Dave Johnson, MD, is President of Vivacity. He has an extensive background working with health plans in disease and health risk management. Learn more about Vivacity and sign up for Johnson's email communications at www.vivacity.net.



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Data Security Remains Key Risk Management Issue for Insurers and Other Large Holders of PHI

By **Anthony R. Miles**
Partner
Stoel Rives LLP



With all the discussion about this year's federal healthcare legislation, HIPAA Security compliance issues may seem like old news. Nonetheless, the list of substantial breach notifications posted on the website of the Department of Health and Human Services (HHS), Office of Civil Rights (OCR), along with developments in HIPAA enforcement and changes to NIST standards, demonstrates that securing protected health information (PHI) remains a worthy focus of risk-management resources for insurance entities, hospitals and health systems, and other organizations with large volumes of PHI.

Last year's Health Information Technology for Economic and Clinical Health Act (HITECH) initiated a sea change in the enforce-

ment of privacy and security protections for PHI under the HIPAA. Under HITECH, covered entities and business associates must report data breaches involving 500 or more unique individuals to HHS. HHS publishes these breaches on its website and has stated that it will investigate all such reports.ⁱ A review of the current list of reported breaches reveals that a substantial percentage of the nearly 100 such events were reported by health plans (e.g., insurers, either for themselves or as business associates of employer plans, and public agencies) or hospitals and health systems. HITECH grants HHS the authority to impose penalties for violations under almost any circumstances, which makes it all the more surprising that many of these reports could have been avoided with better security technology or improvements in policies, procedures and training.

Fortunately for entities with large volumes of PHI, OCR has indicated that it will continue to use enforcement discretion where appropriate. For example, a covered entity can assert an affirmative defense if the violation was not due to willful neglect and was corrected within 30 days of when it was or should have been discovered.ⁱⁱ HHS also retains the discretion to resolve "indications of noncompliance" by informal means and to enter into "Resolution Agreements"

to involve indications of violations.ⁱⁱⁱ A Resolution Agreement generally includes payment of a resolution amount and incorporates a corrective action plan involving oversight of compliance by HHS including approval of policies and procedures, improved training and other monitoring of implementation and compliance, usually for a period of three years.

HHS takes the position that the resolution amount is not a civil monetary penalty, fine or other penalty, and that its informal processes are not subject oversight by an administrative law judge or other process, so neither is a "get out of jail free" card. An organization entering into a Resolution Agreement must agree to extend the statute of limitations beyond the termination of the Resolution Agreement if it otherwise would expire during that term of the agreement. This effectively leaves the organization vulnerable to penalties for any underlying noncompliance with the Privacy or Security Rules if the organization does not comply with the terms of the Resolution Agreement.

Under these circumstances, the number of breaches involving more than 500 individuals reported to HHS involving laptops and other portable data storage devices is surprising and suggests that employee mobility and remote access continue to be significant security

challenges for organizations that maintain large volumes of health data. Our experience advising clients in data breach scenarios confirms this perspective and suggests other areas in which organizations could further reduce potential exposure to substantial breaches and subsequent enforcement by reviewing their security posture, such as:

- Off-site data storage and data destruction vendors
- Software updates and security patches
- IT Help Desk personnel and procedures
- “Data at rest but in motion”—mobile devices, portable storage media, social networking

Those organizations that have implemented, or are contemplating implementing encryption technology to take advantage of the safe harbor under the Breach Notification Rule^{iv} also should note that some of the algorithms originally approved for compliance with the standards set forth in the HHS 2009 Guidance^v no longer will be approved as part of an overall increase in security strength requirements scheduled for 2011.^{vi} Unless HHS issues new guidance overriding the transition schedule for purposes of HIPAA compliance, organizations using encryption modules based on either algorithms with a security strength below 112 bits will need to upgrade their technology prior to January 1, 2011.

Those considering investing in encryption technology should ensure that the products they are considering include technology that will comply with the increased security strength requirements for valida-

tion under applicable publications from the National Institute for Standards in Technology (NIST) and Federal Information Processing Standard 140-2. Failure to do so could result in unanticipated interoperability problems with some systems (e.g., community EHRs, ePrescription programs); however, most importantly, interception of a transmission or unauthorized access to data encrypted with these

technologies may well be the next wave of unexpected notification and reporting responsibilities, and possibly additional enforcement action by HHS.

Tony Miles is a Partner at Stoel Rives LLP who focuses his health-care practice at the intersection of healthcare regulation and technol-

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Washington Hospitals Report Solid Results for Calendar Year 2009

By David Peel

*Publisher and Editor
Washington Healthcare News*



Washington State hospitals appear to have weathered the recession, as 36 of the largest 40 hospitals reported positive margins for calendar year 2009. The 2009 figures were similar to 2008, when 33 of the largest 40 hospitals reported positive margins. Included within the key financial information summarization report (page 13), is a comparison between calendar years 2009 and 2008.

Information Sources

Of the Pacific Northwest States, Washington is probably the best at making hospital financial and other information available to the general public. However, it is difficult to report accurate comparative financial information for at least three reasons:

1. Most hospitals report and are

audited on a calendar year basis. However, some large hospitals report on a fiscal year basis making comparisons impossible without adjustments.

2. All hospitals report to the Washington State Department of Health (DOH) on a quarterly basis but the figures are unaudited and there's no provision to restate prior quarters for adjustments.
3. A few hospitals don't regularly meet reporting deadlines.

To mitigate the first two reasons, we compiled quarterly figures from the DOH, Center for Health Statistics (CHS) web site and prepared a report similar to the report on page 13. We then sent the report to hospital representatives and asked them to confirm their hospital's figures. We asked to be provided with correct figures if the figures in the report weren't correct.

Hospitals with a "2" or "3" to the right of the name provided a reply and confirmed or changed their figures. If a hospital didn't provide a reply then there is no "2" or "3" to the right of the name and DOH CHS quarterly report web site figures were used.

To mitigate the third reason, we omitted hospitals that did not report quarterly information.

Operating Revenues

Operating revenues include inpatient and outpatient revenue for all patient care services (less deduc-

tions from revenue), tax revenues, the value of donated commodities, revenue from non-patient care services and sales, and activities to persons other than patients. This is consistent with the DOH CHS definition of Operating Revenue but is different than the way some external auditors prepare audited financial statements for hospitals.

Thirty-nine of the forty hospitals reported higher 2009 operating revenues than 2008. This demonstrates, at a minimum, the Washington hospital industry has leverage with payers and can exert a measure of control over revenues.

Operating Margin

Operating margin is the excess of revenue over expense except for net non-operating gains and losses. This is a key financial metric given it excludes investment gains and losses, a part of net non-operating gains and losses. Investment balances have gyrated up and down since 2008 and can distort an evaluation of hospital industry finances.

Twenty-eight of the forty hospitals increased their 2009 operating margin over 2008. When dividing operating margin by operating revenues, several facilities stood out. MultiCare Good Samaritan had the highest percentage at 20.7%, followed by Mary Bridge Children's Hospital (14.1%), Providence Centralia Hospital (12.1%), St.

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Washington State Hospital Financial Results (000's)¹

Forty Largest Hospitals Sorted by 2009 Operating Revenues

Hospital Name	Operating Revenues			Operating Margin			Op. Margin/Operating Revenues			Net Non-Operating Gains/Losses			Total Margin		
	YTD 12/09	YTD 12/08	Change	YTD 12/09	YTD 12/08	Change	YTD 12/09	YTD 12/08	Change	YTD 12/09	YTD 12/08	Change	YTD 12/09	YTD 12/08	Change
Swedish Medical Center - Seattle ²	926,620	877,296	49,324	69,055	58,534	10,521	7.5%	6.7%	0.8%	76,537	-50,630	127,167	145,592	7,904	137,688
Virginia Mason Medical Center ²	819,931	746,912	73,019	47,383	28,299	19,084	5.8%	3.8%	2.0%	69	-11,005	11,074	47,452	17,294	30,158
University of Washington Medical Ctr. ²	782,474	718,532	63,942	60,066	34,617	25,449	7.7%	4.8%	2.9%	3,198	7,479	-4,281	63,264	42,096	21,168
Harborview Medical Center ²	754,942	719,355	35,587	8,624	-671	9,295	1.1%	-0.1%	1.2%	6,676	10,128	-3,452	15,300	9,457	5,843
Seattle Children's Hospital ²	723,948	653,032	70,916	66,245	24,756	41,489	9.2%	3.5%	5.7%	36,155	-82,362	118,517	102,400	-57,606	160,006
Providence Sacred Heart Medical Center ²	700,696	651,251	49,445	38,847	53,385	-14,538	5.5%	8.2%	-2.7%	6,403	-46,664	53,067	45,249	6,721	38,528
Tacoma General Allamore Hospital ²	644,631	596,341	48,290	70,996	62,576	8,420	11.0%	10.5%	0.5%	-363	96	-459	70,633	62,672	7,961
St. Joseph Medical Center - Tacoma ²	567,220	558,660	8,560	62,769	58,664	4,105	11.1%	10.5%	0.6%	3,674	-10,781	14,455	66,443	47,883	18,560
Providence Reg. Medical Center Everett ²	501,764	479,671	22,093	37,261	31,604	5,657	7.4%	6.6%	0.8%	91	-2,625	2,716	37,352	28,979	8,373
Southwest Washington Medical Ctr.	494,667	465,722	28,945	11,348	4,834	6,514	2.3%	1.0%	1.3%	642	-2,163	2,805	11,990	2,671	9,319
Evergreen Hospital ²	406,662	370,122	36,540	17,879	11,273	6,606	4.4%	3.0%	1.4%	-9,445	-5,638	-3,807	8,434	5,635	2,799
Valley Medical Center	401,744	378,254	23,490	18,343	13,244	5,099	4.6%	3.5%	1.1%	-496	-6,280	5,784	17,847	6,964	10,883
Overlake Hospital Medical Center ²	391,552	366,334	25,218	36,711	26,196	10,515	9.4%	7.2%	2.2%	-15,629	-15,116	-513	21,082	11,080	10,002
PeaceHealth St. Joseph Medical Center ²	380,429	334,855	45,574	13,934	7,318	6,616	3.7%	2.2%	1.5%	0	0	0	13,934	7,318	6,616
Providence St. Peter Hospital ²	372,262	347,117	25,145	22,674	18,042	4,632	6.1%	5.2%	0.9%	-274	-18	-256	22,400	18,023	4,377
Harrison Medical Center	329,934	295,331	34,603	18,574	15,702	2,872	5.6%	5.3%	0.3%	-2,897	-5,368	2,471	15,677	10,334	5,343
Yakima Valley Memorial Hospital ²	320,802	301,977	18,825	1,575	5,073	-3,498	0.5%	1.7%	-1.2%	-17,541	-12,873	-4,668	-15,967	-7,800	-8,167
Swedish Medical Center - Cherry Hill ²	317,495	288,132	29,363	13,706	-3,351	17,057	4.3%	-1.2%	5.5%	1,343	-12,809	14,152	15,049	-16,160	31,209
Multicare Good Samaritan Hospital ²	301,293	276,332	24,961	62,336	42,745	19,591	20.7%	15.5%	5.2%	45,389	0	45,389	17,0725	42,745	64,990
Seattle Cancer Care Alliance ²	271,795	235,150	36,645	19,777	12,811	6,966	7.3%	5.4%	1.9%	2,730	1,960	770	17,047	10,851	6,196
Kadlec Medical Center	255,914	216,416	39,498	16,909	10,921	5,988	6.6%	5.0%	1.6%	15,463	-4,683	20,146	32,372	6,238	26,134
Northwest Hospital ²	250,323	230,547	19,776	6,293	-5,986	12,279	2.5%	-2.6%	5.1%	1,049	-6,913	7,962	7,342	-12,899	20,241
Deaconess Medical Center ³	229,006	227,471	1,535	-7,216	2,642	-9,858	-3.2%	1.2%	-4.4%	0	0	0	-7,216	2,642	-9,858
Highline Community Hospital	222,520	221,052	1,468	3,213	3,745	-532	1.4%	1.7%	-0.3%	1,789	-991	2,780	5,002	2,754	2,248
Stevens Hospital	195,443	170,126	25,317	14,260	4,178	10,082	7.3%	2.5%	4.8%	1,162	824	338	15,422	5,002	10,420
Mary Bridge Children's Hospital ²	191,107	176,291	14,816	26,996	30,431	-3,435	14.1%	17.3%	-3.2%	-21	2	-23	26,975	30,433	-3,458
Providence Holy Family Hospital ²	186,649	172,450	14,199	11,172	5,255	5,917	6.0%	3.0%	3.0%	-47	-3,606	3,559	11,125	1,648	9,477
Legacy Salmon Creek Hospital	178,502	139,357	39,145	1,247	-737	1,984	0.7%	-0.5%	1.2%	-2,105	-2,325	220	-858	-3,062	2,204
Central Washington Hospital	177,462	177,767	-305	-535	8,036	-8,571	-0.3%	4.5%	-4.8%	14,123	-23,818	37,941	13,588	-15,782	29,370
Grays Harbor Community Hospital	151,745	105,190	46,555	7,427	9,261	-1,834	4.9%	8.8%	-3.9%	288	-2,379	2,667	7,715	6,882	833
Providence St. Mary Medical Center ²	134,775	123,287	11,488	7,328	4,670	2,658	5.4%	3.8%	1.6%	556	-12,115	12,671	7,885	-7,445	15,330
Providence Centuria Hospital ²	127,970	122,225	5,745	15,443	5,670	9,773	12.1%	4.6%	7.5%	-9	-294	285	15,434	5,376	10,058
Olympic Medical Hospital	126,388	125,867	521	-3,544	1,874	-5,418	-2.8%	1.5%	-4.3%	0	1,183	-1,183	-3,544	3,057	-6,601
Auburn Regional Medical Center	125,074	120,236	4,838	1,015	10,071	-9,056	0.8%	8.4%	-7.6%	0	-3,566	3,566	1,015	6,505	-5,490
Kennecook General Hospital	119,946	106,391	13,555	3,692	2,888	804	3.1%	2.7%	0.4%	656	593	63	4,348	3,481	867
Yakima Regional Medical Center	119,636	119,058	578	11,148	9,207	1,941	9.3%	7.7%	1.6%	0	0	0	11,148	9,207	1,941
Louder Medical Center	87,091	70,845	16,246	3,106	4,807	-1,701	3.6%	6.8%	-3.2%	807	135	672	3,913	4,942	-1,029
Valley Hospital and Medical Center	84,514	70,342	14,172	3,724	4,223	-499	4.4%	6.0%	-1.6%	0	0	0	3,724	4,223	-499
Capital Medical Center	80,455	72,243	8,212	4,507	7,142	-2,635	5.6%	9.9%	-4.3%	0	0	0	4,507	7,142	-2,635
Wenatchee Valley Hospital	76,949	61,824	15,125	5,311	2,392	2,919	6.9%	3.9%	3.0%	0	-718	718	5,311	1,674	3,637

¹Figures from the WA State Department of Health Center for Health (DOH CHS) Statistics web site as of June 26, 2010 unless footnoted with a ² or ³.

²Figures were provided directly from the hospital and either confirmed or corrected the DOH CHS web site figures.

³Figures were provided directly from the hospital and either confirmed or corrected the DOH CHS web site figures for 2009 only.

Glossary: *Operating Revenues:* Inpatient and outpatient revenue for all patient care services (less deductions from revenue), tax revenues, the value of donated commodities, revenue from non-patient care services to patients and sales and activities to persons other than patients. *Operating Margin:* The excess of revenue over expense except for non-operating gains and losses. *Non-operating Gains/Losses:* The revenue and expenses of a hospital that are not directly related to patient care, related patient services or the sale of related goods. *Total Margin:* The excess of revenue over expense and gains over losses generated from all sources.

< Results, from P12

Joseph Medical Center - Tacoma (11.1%) and Tacoma General Al-lenmore Hospital (11.0%).

Three MultiCare facilities were in the top five in this category. Marce Edwards, Media Relations Manager of MultiCare Health System commented, "In addition to the hospitals, MultiCare Health System includes clinics and a vast network of physicians. Our overall operating margin was about 8.9%, in part be-

cause we work hard to control our costs." She continued, "We are providing more charity care, are seeing more patients having trouble financially and are receiving lower reimbursements from government payors. We don't believe these results will be sustained."

Net Non-Operating Gains and Losses

Revenue and expenses not directly tied to patient care, related patient services, or the sale of re-

lated goods, are net non-operating gains and losses. The impact of the 2008 stock market meltdown is seen in the report, as is the rebound of 2009. Twenty-six of the forty hospitals reported higher net non-operating gains and losses in 2009 than 2008.

Total Margin

The excess of revenue over expenses and gains over losses generated from all sources is the total margin. Thirty-two of the forty hospitals reported an increase in total margin from 2008.

Cassie Sauer, Vice President, Communications at the Washington State Hospital Association provided context, "It does appear that many hospitals seem to be doing better in 2009, but a number of hospitals are reporting difficulties during the past two quarters with increasing charity and bad debt. Of course, this is in comparison to the 2008 bad baseline year with its problems in total margin (due largely to the drops related to investment income). We also know that a number of hospitals' increasing margins are due to some pretty significant cuts made in hospitals."

Final Observations

Washington State hospitals are in good financial shape and have the ability to exert control over both revenues and expenses. However, payers may now believe the scales have tipped too far in the hospital industry's favor and could demand concessions. On the expense side, as the economy continues to recover, and healthcare reform is implemented, the cuts Sauer noted may need to be reversed and could have an impact on margins.

We'll continue to report financial information on Washington hospitals as it becomes publicly available.



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< Security, from P11

ogy. He counsels providers and other health industry in corporate matters, strategic affiliations, technology development and services transactions, and data privacy and security issues involving health information technology. Contact Tony at 206.386.7577 or armiles@stoel.com.

This column is not to be considered legal advice or a legal opinion on specific facts or circumstances. The contents are intended for informational purposes only. If you need legal advice or a legal opinion, please consult with an attorney.

ⁱDavid Holtzman, “How OCR Enforces the Security Rule,” Presentation at NIST, HHS Office of Civil Rights Joint Conference: Safeguarding Health Information: Building Assurance Through HIPAA Security, Washington D.C., May 11, 2010 <available at http://csrc.nist.gov/news_events/HIPAA-May2010_workshop/presentations.html> (last visited June 11, 2010).

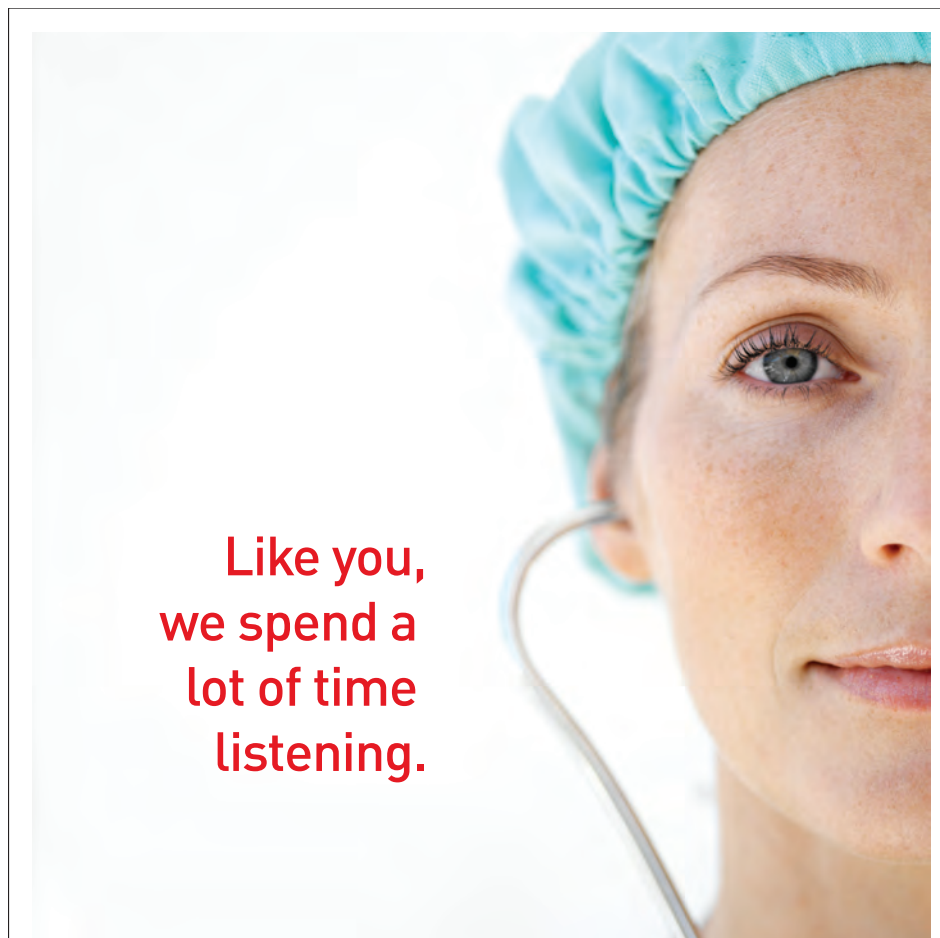
ⁱⁱ45 C.F.R. § 164.410, 74 Fed. Reg. 56123, 56131 (Oct. 30, 2009).

ⁱⁱⁱ45 C.F.R. § 160.312.

^{iv}See 45 C.F.R. 164.402 (definition of “Unsecured PHI”).

^vGuidance Specifying Technologies and Methodologies That Render Protected Health Information Unusable, Unreadable or indecipherable to Unauthorized Individuals, 74 Fed. Reg. 19006, 19009 (Apr. 27, 2009).

^{vi}See Matthew Scholl, “NIST and US Civilian Agency Cryptography,” Presentation at NIST, HHS Office of Civil Rights Joint Conference: Safeguarding Health Information: Building Assurance Through HIPAA Security, Washington D.C., May 12, 2010 <available at http://csrc.nist.gov/news_events/HIPAA-May2010_workshop/presentations.html> (last visited June 11, 2010).



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South Peninsula Hospital is searching for a strong strategic leader with financial experience. This senior leader will provide direction and administration of all financial systems of the hospital and nursing home.

We are a full-service hospital that offers a wide range of general and specialty services. The newly constructed and remodeled areas of the hospital allow us to provide first-rate services in an entirely patient-focused and state-of-the-art facility.

The candidate must have strong experience in hospital systems and Critical Access Hospital is essential. The position requires Bachelor's degree in accounting, business or related field; CPA preferred. Requires no less than 5 years in healthcare finance at the management level.

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Center for Clinical Excellence Manager (Seattle, WA)

UWMC has an outstanding opportunity for a CENTER FOR CLINICAL EXCELLENCE MANAGER. This key leadership position oversees the Clinical Data Informatics function at UWMC, and is responsible for those functions necessary to implement, maintain, align and improve the data integrity of UWMC's clinical data systems, which include the McKesson Horizon Performance Manager (HPM) and Horizon Business Insight (HBI). This position promotes the integration of clinical, operational and financial data across UW Medicine. This position is a key liaison with Budget, Finance, and Contracting to assure system functionality, coordination and integration. He/she is the key contact with the owners of the source systems which feed the clinical data system. He/She works closely with IT Services, Harborview Medical Center, Seattle Cancer Care Alliance, and UW School of Medicine to enhance communication and operational effectiveness for the UW Medicine decision support function. He/She coordinates with IT Services on system enhancements and expansion of the data model.

To apply to the position please go to www.washington.edu/jobs and enter Req# 65091 in the req search.



Executive Medical Director

The Children's Hospital at Providence in Anchorage, AK is recruiting for an experienced physician leader to serve as its new Executive Medical Director. Position is responsible for the overall operational, financial and business effectiveness of The Children's Hospital at Providence. Accountabilities include: formulate strategy, implement strategic plans, develop and ensure attainment of operating goals and objectives consistent with the strategic objectives and policies established by PAMC and TCHAP. Will oversee recruitment of physicians to TCHAP and manage \$130 million facility expansion project that will kick off in 2010. Excellent compensation package, including relocation assistance. Amazing quality of life in Alaska's largest and most modern city.

Requirements:

Advanced graduate training in health or business administration; at least five years of experience in health care; and at least five years of high-level leadership experience. Must be a board-certified Pediatrician or Pediatric Subspecialist physician (M.D. or D.O.).

Contact:

Cindy McCasker
(503) 216-5469 Direct (866) 504-8178 Toll Free
Cindy.mccasker@providence.org



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CLINIC MANAGER OPPORTUNITY IN SW WASHINGTON

Longview, WA, is home to friendly neighbors, a multitude of nearby recreational activities—and a career with the best healthcare employer around. Frequently named one of the region's best employers, PeaceHealth Medical Group and St. John Medical Center in Longview are an integral part of a nationally recognized not-for-profit healthcare system known for its innovations in patient-centered care, patient safety, and healthcare technologies.

With its ideal location just 40 miles north of Portland and a short drive from the beautiful Pacific Coast and several different mountain adventures, Longview is a small city with an urban flair. Longview's 35,000 friendly neighbors enjoy the pace and natural beauty of a family-first community that benefits from the amenities of nearby Portland and Seattle.

Truly, an opportunity at PeaceHealth means unmatched work and life balance. Our friendly, tranquil setting is a nice change of pace from big city medical facilities. Please consider the following long-term career opportunity:

Clinic Manager – INMOTION/ORTHO CLINIC

Our InMotion clinics specialize in Orthopedic Surgery, Rheumatology, Interventional Pain Management, and physical medicine and rehab. The Clinic Manager has responsibility for assessment, analysis, coordination and evaluation of patient care provided within the team. Will facilitate an interdisciplinary, collaborative approach in the delivery of care, evaluates patient care appropriate to the age specific needs of all patients, has the supervisory responsibility and accountability for resource management, including; budgeting, staffing, performance evaluations, handling of grievances, counseling and progressive discipline.

Require a minimum of an AA degree in Nursing, or a Bachelors degree in Business Administration, Accounting, or related discipline, or an equivalent combination of education and prior clinic management experience. RN with previous clinic management and orthopedic experience is desired.

We offer a competitive salary range, comprehensive benefits plan, as well as generous relocation assistance. Interested candidates may apply online via our website at www.peacehealth.org. Resumes may be submitted in addition to application, to Lwishard@peacehealth.org:

EOE



POSITION
SPECIFICATION
GROUP HEALTH COOPERATIVE
DIRECTOR, MEASUREMENT & ANALYTICS
<http://www.ghc.org>

The Company

Founded in 1947, Group Health Cooperative (GHC) is a consumer-governed, nonprofit health care system that coordinates care and coverage.

Position Requirements:

- Master's degree in Business Administration, Statistics, Mathematics, Informatics, Health Administration or related field with coursework in research theory and methods, statistical, and data analysis.
- The successful candidate will have eight years of relevant work experience in application of statistics including a minimum of four years in performance measurement and consulting and four years in management.
- Consulting across functional areas with multiple business units and with C-level executives.
- Conducting analysis in support of organizational measurement.
- Knowledge of measurement activities.
- Advanced knowledge of statistical methods and use of SAS.
- Understanding of business intelligence, reporting tools, and data warehouse capabilities.

Preferred:

- Six Sigma Black Belt.
- Use of Six Sigma tools and/or comparable application of statistics to process and outcome measurement.
- Experience with HEDIS.
- Demonstrated success leading cross-functional and/or cross-departmental teams using the Agile methodology.

Please forward resume and contact information to:

Jake Stiles at Stiles Associates at: jstiles@leanexcs.com

Career Opportunities

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Visit wahcnews.com to see all available jobs.

Founded in 1936, The Vancouver Clinic is a multi-specialty clinic located in Vancouver Washington, just north of Portland Oregon. The Clinic is a privately held, physician-owned clinic, with over 700 staff members and 190 providers. The Clinic is one of the region's principal health care providers, offering extensive services to our patients. We are currently seeking the following key positions.

Clinic Manager

We are looking for an energetic, experienced professional to lead a team of staff providing compassionate medical care. Must have excellent communication and problem solving skills. The manager will work through supervisory staff to oversee the daily operations of specialty departments such as ENT, Orthopedics, Podiatry, Surgery, urology and our Special Procedures Suite. The successful candidate will have approximately 5 years of previous medical experience, preferably in an ambulatory care setting. Prefer those with a Bachelors degree or equivalent combination of education and experience.

Clinic Supervisor

We are looking for an experienced clinic supervisor with the ability to mentor staff and help them flourish. You will provide supervision of clinical and office staff, facilitate staff and patient workflow, and control expenditures. Requires demonstrated ability to interview, select, train, and develop qualified staff. Must be comfortable in a fast-paced environment, detail oriented, and self-directed. The successful candidate will have a min of 2 years supervisory experience in a medical setting.

Clinical Operations Specialist - RN

Would you enjoy a position where you will serve as a resource and facilitator to identify clinical improvement opportunities and subsequent process improvements? Do you enjoy educating others? Be our site clinical educator and trainer for new and existing staff and assure standardization of care and the clinical environment. Looking for nurse with experience leading quality and safety initiatives and ability to manage multiple projects in varying stages.



To apply for any of these positions visit www.tvc.org or call 360-397-3273 for information.

Manager, Cardiopulmonary/Respiratory Care Services - Vancouver, Washington

A legacy of good health. What's your legacy? To inspire? To achieve? **Legacy Salmon Creek Medical Center** is here to help. With the finest in care and a mission to improve the world around us, we work to create a legacy of health and community. Of quality and innovation. Of respect and responsibility. It's the legacy we create every day, and it's yours.

Our legacy is good health. Legacy Salmon Creek, with the region's highest patient satisfaction scores, combines the latest in medicine and technology with an emphasis on caring for families. Among our services:

- Emergency care for children and adults: Our 24/7 emergency care features a separate area for children.
- Specialized care for high-risk pregnancies and newborns: We offer specialized care for high-risk pregnancies and Clark County's highest level of neonatal intensive care for premature and ill babies.

- Complete services for women: Our Breast Health Center has earned a prestigious national accreditation for excellence.
- Care for children: Complete pediatric expertise, including a unit for kids and care for pediatric rehabilitation and development.

Our legacy is innovation. Legacy Salmon Creek Medical Center, the area's most modern hospital, offers innovations for the community's health. Among our specialties:

- Legacy Total Joint Center-Salmon Creek, the first dedicated center for hip, knee and shoulder replacement surgeries.
- Robotics surgery, using the newest technology for minimally invasive surgeries for prostate and gynecological cancer.
- Neurosurgery/neurosciences, leading-edge surgical techniques for spine, nerve or brain tumor surgery.
- Stroke care, nationally recognized program for improving care to patients, it offers a coordinated, complete approach.
- Imaging and diagnostics with state-of-the-art CT, MRI and other technologies to offer accurate diagnosis.
- Electronic medical record, highly sophisticated system for medical charts to improve patient care, safety and convenience.

Legacy Salmon Creek is currently seeking a leader to join our team! The Cardiopulmonary/Respiratory Care Manager has 24-hour responsibility for the overall operations of the departments, including staffing, supervision, coaching and competencies. Provides leadership and overall direction to departments working with physicians, medical director, director, nurse managers and department staff to plan and deliver services. The ideal candidate will have:

- Bachelor's Degree in a related field or equivalent combination of education and experience.
- Minimum of five years experience in Respiratory Therapy/Cardiopulmonary with three years of supervisory experience.
- Registered Respiratory Therapist preferred.
- Proven leadership expertise, financial management and excellent human resource skills required.
- Able to communicate effectively with good interpersonal skills dealing with all levels of staff, management, physicians and the public.

Want to know more? Please visit our website at legacyhealth.jobs. Questions? Contact Maria Gonzalez at (503) 415-5982. Toll free: (866) 888-4428. Email: mgonzalez@lhc.org. AA/EOE

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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.



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Emergency Department

Clinical Director

(Sunnyside, WA)

Come join our dedicated team of professionals dedicated to patient satisfaction, safety and customer service. We offer a great working environment as well as a competitive compensation and benefit package. We currently have the following management opportunity available:

Emergency Department - Clinical Director.
Full-time, exempt.

Requirements include a Washington state RN license, a minimum of 3-5 years successful management/leadership experience, and current nursing skills.

For consideration, download an application on our website at www.sunnysidehospital.com, apply in person at Sunnyside Community Hospital, 1016 Tacoma Avenue, or contact Lisa by phone, 509.837.1649 or email, lisa.garcia@sunnysidehospital.org



Chief Nursing Officer

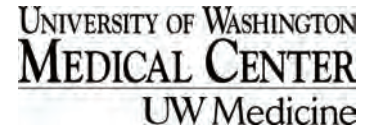
(Goldendale, WA)

The C.N.O. position provides clinical and operational leadership in the development of strategic plans to position and maintain the organization as a leading healthcare provider within the community served; maintains accountability for the quality of care and services within the hospital; plans, organizes, directs, monitors, evaluates and acts on quality of appropriateness of care review findings; maintains accountability for quality of care as perceived by patients, families, medical staff, peers and colleagues; maintains accountability for the financial management of nursing services; monitors, evaluates and develops strategies for adding or modifying services as demand changes in relation to facilities, technological advances, and changes in systems or processes that increase productivity, efficiency and satisfaction; develops and coordinates human resources management and development.

Requirements

Baccalaureate degree in Nursing from a four-year college or university; Masters preferred. Extensive job knowledge in nursing, patient care services and administrative practice necessary. Previous experience as a C.N.O. preferred. Minimum of five years of relevant clinical experience preferred. Must have current Registered Nurse Licensure in Washington State. Experience in Rural Health Care settings. Experience in Labor Management Relations desired.

To apply and learn more visit www.kvhealth.net EOE



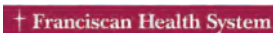
Manager of Patient Safety

(Seattle, WA)

UWMC has an outstanding opportunity for a MANAGER OF PATIENT SAFETY. The Patient Safety Manager fosters the enhancement of patient safety across the medical center. This individual serves as a leader for patient safety and is a subject matter expert, consultant and resource for patient safety throughout the Medical Center. The Patient Safety Manager possess expertise in patient safety principals and performance improvement methods. Through consultation and coaching, this individual works collaboratively with UWMC staff and physicians in the identification, planning and evaluation of multidisciplinary process improvements and patient safety projects.

Requirements: Bachelor in Science in a clinical field. Masters level academic preparation or equivalent in clinical or related field (ie.,PharmD, MHA, MBA), AND Five (5) years of experience in a clinical setting and at least one year of experience in quality improvement. Certification in Health Care Quality is preferred. Project management experience is preferred. Management level experience is preferred.

To apply please visit www.washington.edu/jobs and enter Req# 61385 in the Req Search field



St. Joseph Medical Center
St. Francis Hospital - St. Clare Hospital
Enumclaw Regional Hospital
St. Anthony Hospital

Manager - Leadership Development

Job Summary:

Collaborates with organizational leaders to develop strategic training initiatives to meet organizational goals. Conducts needs analysis and makes recommendations for the delivery of various customized strategies, programs, learning activities and solutions targeted to the development of leadership competencies. Ensures training initiatives align and integrate with strategies, projects and programs for successful implementation and results. Additional areas of emphasis include business critical competency development, consultation with leaders to support their individual succession and talent planning needs, individual development planning, assessments, on-boarding new leaders and emerging leader development support.

Education:

Bachelor's degree in Human Resources, Education, Business Administration, Training and Development, Organizational Development or related field, and five years of progressively responsible leadership, learning and development and talent management experience in a healthcare or service related business, including three years in a supervisory or management capacity. Master's degree in a related field preferred. Leadership assessment and development process experience required. An equivalent amount of additional qualifying work experience may be substituted for up to two years of the education requirement.

To apply and learn more visit www.fhshealth.org



Family Birth Center Director

Grays Harbor Community Hospital has an excellent career opportunity for a dynamic individual to manage and grow our Family Birth Center.

Summary: Registered Nurse responsible for the 24-hour, seven days per week administration and supervision of the Family Birth Center. The Director is a member of the Nursing Administration Team and reports directly to the Chief Nursing Officer.

Requirements: BSN preferred; current RN licensure in Washington State; minimum 3 years clinical experience in OB/L&D/post-partum; and 2 years leadership/supervisory experience.

This position is full time with excellent salary and benefits provided. For further information please visit our website at: www.ghchwa.org. Please submit your resume and application to the Human Resource Department.

Grays Harbor Community Hospital
915 Anderson Drive
Aberdeen, WA 98520
Fax (360) 537-5051



Vice President Finance

(Boise, ID)

The Vice President of Finance is responsible for development of the association's position on issues involving financing of health care services, including third party payment issues, utilization and data policy. This position also provides leadership on financial issues including analysis and guidance required by the Board of Directors, member hospitals and IHA senior management.

Qualifications

Requires a baccalaureate degree from accredited college or university in, accounting, finance, business or related field. Five years of hospital financial management experience or equivalent required, including experience with bond issues and financing, FASB and GASB knowledge, and investment /treasury functions. Database management experience and certification in HFMA preferred.

Please send resume and cover letter to dotoole@teamiha.org.

Career Opportunities

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available jobs.



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 of MS Word, PowerPoint and Excel essential. Working knowledge of Patient Centered Care and Lean concepts desired.

Additional Salary Information: DOE

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Chief Operating Officer (Bellingham, WA)

Interfaith Community Health Center is currently searching for a **Chief Operating Officer**. This full-time benefited position will be accountable for continuous improvement in quality of care and service, and efficient use of staff and referral resources to achieve the mission of Interfaith CHC. As a member of the senior management team, they will contribute to the organizational and strategic planning of the organization and be responsible for supervising a staff of 80 or more FTE. The ideal candidate will have at least five years progressive management experience, preferably in a primary care medical group or community health center environment.

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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.

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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.

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Call Becky Petersen, Nurse Recruiter at

(206) 448-6079;

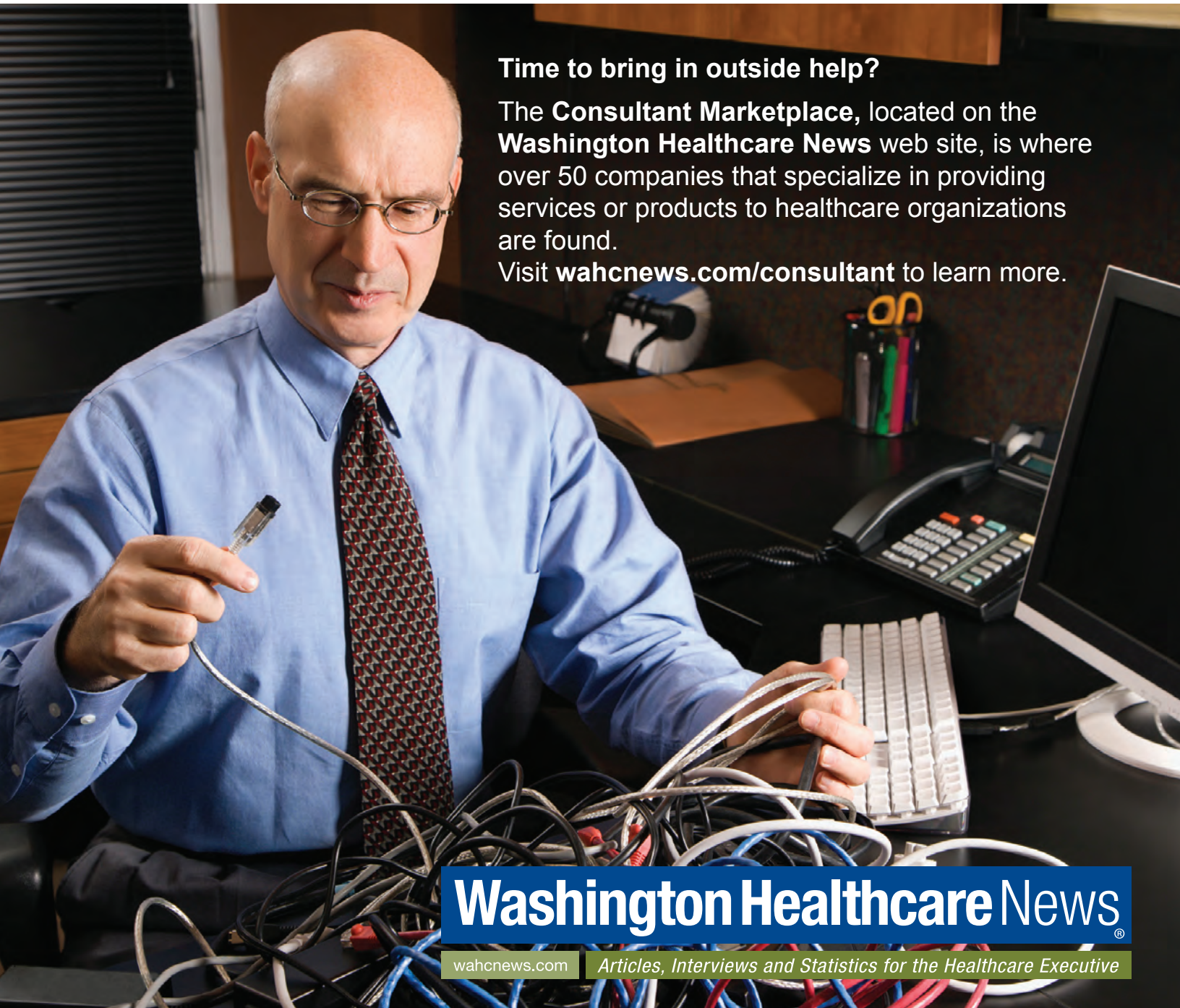
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