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It Takes a Physician: Achieving the Value Equation in Healthcare

By Harold Dash, MD

Board President
The Everett Clinic



In July 2009, I had the honor to represent The Everett Clinic in Washington D.C. at a symposium sponsored by the Institute for Healthcare Improvement titled "How Do They Do That? Low-Cost, High-Quality Health Care in America." Dave Brooks, CEO of Providence Regional Medical Center Everett, and Rich Maturi, Senior Vice President of Healthcare Delivery Services at Premera Blue Cross, joined me at the conference to represent Everett, which was selected as one of 10 communities across the country identified as providing relatively low cost and high quality care. To be successful, healthcare reform must deliver on the value equation for

our patients (Value = quality/cost) by improving quality and decreasing the trends in cost of care. In the previous two editions of *Washington Healthcare News*, Messrs. Brooks and Maturi mentioned the importance of having a culture of collaboration in order to achieve this goal, on the one hand between the hospital and the providers and on the other hand between the payers and the providers.

What struck me the most about the presentations in Washington, D.C. was not just the culture of collaboration in these communities but also the extent of physician engagement in the processes to improve healthcare delivery. The 10 communities presenting in Washington, D.C. are quite diverse, yet in all cases the physician leaders worked with their organizations to create systems of care to improve the value equation. In Everett, for example, our Heart Center has been a partnership between our physicians and the hospital since the late 1980s. Our cardiologists and surgeons have adopted best practices as they have become available and helped Providence become best in class for cardiovascular care. Premera has partnered with The Everett Clinic giving feedback on quality data and providing our physicians

with key information that has enabled them to provide better care for their patients.

It is a truism that the most expensive piece of technology in healthcare is the physician's pen (or in the electronic era, keystroke). By focusing on quality and evidence based medicine, Everett Clinic physicians have successfully reduced the cost of care in Washington state by modifying their use of the pen. In the 1990's, the Clinic banned pharmaceutical company representatives from physician offices and hired clinical pharmacists to ensure prescribing is based on **Please see> Value, P4**

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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,

Every six months we send e-mails to our readers asking them to confirm their contact information according to our records. We do this because we use the zip+4 methodology and wrong addresses aren't forwarded by the post office. We also like to maintain accurate titles, phone numbers and other information. We went through this process in November and appreciate the effort our busy readers made to get back to us.

In their responses, many readers asked how they could help us be successful. Our information is free, with unique and interesting content, and many readers consider our publication and web site a valuable service. There are at least two ways you can help us.

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Have a great January and we'll be back next month.

David Peel, Publisher and Editor

Washington Healthcare News 2010 Editorial Calendar

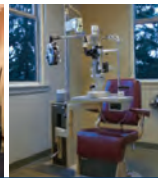
Month and Year	Theme of Edition	Space Reservation	Distribution Date
January 2010	Clinics	December 1, 2009	December 21, 2009
February 2010	Human Resources	January 2, 2010	January 19, 2010
March 2010	Hospitals	February 1, 2010	February 23, 2010
April 2010	Insurance	March 1, 2010	March 23, 2010
May 2010	Clinics	April 1, 2010	April 20, 2010
June 2010	Human Resources	May 3, 2010	May 25, 2010
July 2010	Hospitals	June 1, 2010	June 22, 2010
August 2010	Insurance	July 6, 2010	July 20, 2010
September 2010	Clinics	August 2, 2010	August 24, 2010
October 2010	Human Resources	September 1, 2010	September 22, 2010
November 2010	Hospitals	October 1, 2010	October 19, 2010
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<Value, from P1

scientific research and not marketing. Emphasis was placed on generic medications with equivalent outcomes to brand name drugs. Today, the Clinic's physicians have an 81% generic prescribing rate, saving over \$35 million for two commercial health plans this past year.

Several years ago, a team of Everett Clinic physicians met with our Radiology Department to develop appropriate indications for advanced imaging procedures such as MRI and CT scans. It is no longer possible for our physicians to order those procedures unless their patients meet the indications. The result is a 39% decrease in advanced imaging utilization over two years.

The Everett Clinic has invested in a comprehensive electronic medical record (EMR) across the organization and has embedded tools within the EMR to help its providers better manage their patients. Pop ups remind the providers when patients are due for preventative care and follow up of chronic disease. The result has been a significant increase in the number of patients who have achieved targets for chronic disease management and are up to date for all their preventative healthcare. The long term outcome will be a reduction in complications of diseases such as hypertension, diabetes, asthma, and coronary artery disease.

The Clinic has also evaluated innovative approaches to care. It is one of 10 medical groups across the country selected by the Centers for Medicare and Medicaid Services (CMS) to participate in a multi-year national Physician Group

Practice demonstration project. During the first two years of the program, we saved Medicare \$2 million while achieving 25 of the 27 quality goals required by CMS. Unlike our electronic medical record, there was little technology involved in the program we developed. We placed a nurse (hospital coach) in the hospital to meet with our Medicare patients during their admission, help with discharge planning, reconcile medications, and make a follow up phone call. Our physicians agreed to see their patients in the office for hospital follow up within 5 business days. The hospital team completed the discharge summary on the day of discharge and communicated the key findings of the hospitalization to the patient's primary care physician. After the first year of the program, 60% of the hospitalized seniors had a doctor's appointment within days of leaving the hospital, a significant jump from 38% before the program began. The hospital coach alone resulted in a 7% cost savings.

More recently, Boeing asked the Clinic, Valley Medical Center, and Virginia Mason to participate in a pilot program to manage its employees who were high health service utilizers in an "Intensive Outpatient Care Program." The program has reduced the cost of care of these patients by 20%. A key learning of the program was that many of these patients had complex mental health issues requiring the integration of behavioral health providers into their care. As in the CMS PGP demonstration project, we found that a successful program required a nurse coordinating the care of patients with the supervision of a physician.

More than ten years ago, The Everett Clinic adopted its three Core Values: 1) doing what is right for each patient, 2) providing an enriching and supportive workplace, and 3) focusing on value: service, quality, and cost. Our third Core Value is the value equation for healthcare. But much of what The Everett Clinic has done to improve the quality and lower the cost of care is not reimbursed. Providers are not paid today to monitor disease management. There is no RVU assigned to a hospital coach. There is no fee for service payment for a nurse care coordinator. The Everett Clinic lost over \$1.5 million last year because of its evidence based advanced imaging program. It spent over \$1 million on the CMS PGP demonstration project and received a bonus of \$250,000. A culture of collaboration, commitment to provide high quality care, and physician engagement have earned Everett a reputation for relative high quality and low cost healthcare. We have a long way to go. To further drive down cost and improve quality, we need to align financial incentives to support the value equation. Once accomplished, we have the opportunity to build on what we have learned in Everett and reform the delivery of healthcare in our country.

Dr. Harold Dash is the President of The Everett Clinic, which he joined in 1984. He is board certified in Internal Medicine and Cardiology. Dash received his medical degree from Harvard Medical School and completed both his residency and fellowship at the University of California. He can be reached at 425-259-0966.

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Money and Medicine: How Better Financial and Retirement Planning Can Benefit Physicians - and Their Practice

By **Dan Gaffney**
Partner, Wealth Services Group
Moss Adams LLP



Introduction by Author: After reading the Modern Healthcare October 12, 2009 special report that discusses the intense competition in physician recruiting, I believe a strong case can be made for innovative tactics that enhance the personal value-add for physicians in the recruiting process. Financial planning—which integrates the personal financial success of a physician with the overall success of his or her healthcare organization—is one particular value-add tactic that can set your organization apart from the competition.

Being a physician has always been challenging. But today it's tougher than ever. In addition to focusing

on the best medical outcomes for patients, doctors must cope with the wealth-shrinking impact of last year's financial meltdown as well as the potential consequences of healthcare reform, which could force them to significantly alter the way they practice.

Many physicians prefer not to think about money. They'd rather concentrate on medicine. And if they do fret about their finances, they tend to do so quietly—they don't like to ask too many questions about retirement, estates, or investments, and they're deeply cynical about all the financial services salesmen who keep pounding on their door with new and improved products.

Yet the fact is, doctors—and the practices, clinics, and other organizations they belong to—can benefit from the right kind of financial planning.

If a medical practice offers its physicians a plan that provides financial peace of mind and a clear road map to a prudent retirement, it's obviously good for the doctors. If the plan is implemented early on, it leaves them with multiple options and ways to pursue their financial goals. In addition, a well-developed plan can help physicians avoid a personal financial crisis. And by becoming fiscally fit, rather than worrying about their future, physicians can put all their energy and focus into their job.

But what many organizations may not realize is that personal financial planning is also good for the practice. In the race to attract talented physicians, organizations that link personal success with the success of the organization—and that demonstrate that they care about their people—will have a competitive advantage. It also facilitates continuity for the practice or clinic, easing succession planning when physicians retire and giving younger doctors a clearer career path.

Offering a comprehensive, well-developed plan to physicians can be a useful tool to help differentiate your organization as a great place to work—one that invests in the success of its people.

One of the common problems doctors face when they decide to address financial and retirement planning is that they have too many advisers surrounding them with conflicting advice. This is counterproductive because it pulls the doctor in too many strategic and tactical directions that don't add up to a smart and well-planned financial future. They end up with separate tax plans, insurance plans, household finance plans, investment plans, estate plans, and so on.

To be effectively protected and cared for, doctors need a single, holistic approach formulated by one advisory firm that seamlessly integrates all these plans into a

unified framework or blueprint. The physician leads one life, not a series of lives, and so his or her financial and retirement planning must be well-coordinated. Good financial planning looks at all aspects of the financial picture and is not about solving problems in isolation.

Doctors deal with life-and-death issues every day, so they're continually forced to develop and weigh contingency plans for their patients—just in case. Physicians need to do the same thing for themselves when assessing and analyzing their own financial and retirement planning issues. As every clinician knows, there's no substitute for the right preparation.

And preparation means considering all the "what if" questions in the beginning of the planning process: "What happens if there's sickness

in the family?" "What if I get sick or am disabled?" "Can I afford to send the kids to private colleges or universities?" "How do I handle estate taxes so my survivors aren't excessively burdened?" "Will my practice or clinic be able to thrive without my daily presence?"

Once a doctor has completed and implemented a comprehensive financial plan, his or her work isn't over. If they're crafted properly, these plans are designed to be fluid—revisited and revised on a regular basis to make sure the short-term goals have been met, shortfalls have been accounted for, and the plan is still on track to help the physician reach his or her longer-term goals.

Doctors do so much for others. The least they can do for themselves, their families, and their clinics and practices is plan for a secure fu-

ture. There's no certainty in medical science or financial planning, but if physicians apply the same thought process to their financial plan as they do to their patients' needs, their retirement years will be as successful as their practice years.

Dan Gaffney is a Partner with Moss Adams LLP and a leader and steering committee member for the firm's Wealth Services Group. He specializes in serving physicians and medical groups with tax issues, strategic and operational business planning, estate planning, retirement planning, and business succession planning. He can be reached at 425-303-3195 or dan.gaffney@mossadams.com.

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Washington's Expanded Domestic Partnership Law: What Employers Need to Know

By Erin L. Lennon
Associate
Stoel Rives LLP



Washington's new domestic partnership law (SB 5688) giving registered domestic partners all the rights and responsibilities of spouses under state law took effect on December 3, 2009. The scope of this law is much broader than previous domestic partnership laws, and employers and insurance companies will have to review their policies to ensure that they are in compliance with the new law. This article describes who qualifies as a domestic partner and which employee benefits are affected by the new law.

Registered Domestic Partnerships

Two types of couples can register with Washington state under the new domestic partnership law: opposite sex couples where one person is over age 62 and same sex couples. Both types of couples must meet additional eligibility requirements, including living together and not having another domestic partner or spouse. The law also protects same sex domestic partners who are reg-

By Margaret L. Barbier
Principal
Stoel Rives LLP



istered in other states.

Unregistered Domestic Partners

The law does not provide any legal rights to domestic partners that have not registered with a state. However, nothing in the law prevents employers from providing benefits to unregistered domestic partners, and many continue to do so.

Verifying Registration

The law does not address the issue of verification. Pending guidance on this issue, the prevailing view is that verification of registered partnership status may be required if verification of marital status is required for married couples as a precondition for benefit or leave eligibility. Alternatively, any employer may verify any Washington registered domestic partnership on the Secretary of State's web site: <http://www.secstate.wa.gov/corps/domesticpartnerships/>.

Private Pension and Retirement Plans

Private pension and retirement

plans are governed by a federal law, ERISA, that generally preempts any state regulation of those plans.

Employee Life and Health Insurance Policies

Although ERISA generally preempts state regulation of ERISA health and welfare plans, there is one exception: states are allowed to regulate insurance. The Washington State Office of the Insurance Commissioner appears to be treating the law as an insurance regulation, so if a private employer purchases insurance as part of an ERISA health and welfare plan, that insurance is subject to the domestic partnership law. The Insurance Commissioner has interpreted the law to mean that insurance policies "must be administered in a manner that treats registered domestic partners the same as married spouses." Therefore, if any of the insurance policies an employer provides to its employees provide coverage or benefits to married spouses, it must also provide coverage to registered domestic partners. The Insurance Commissioner is not requiring insurers to amend insurance policies, as long as they are interpreting "spouse" to include a registered domestic partner.

Fully Self-Insured ERISA Health and Welfare Plans

Under the ERISA preemption, ERISA employee benefit health and welfare plans that are fully self-funded and do not purchase

insurance are not generally subject to state law and thus are likely exempt from domestic partnership regulations relating to employee benefit plans. Pending federal legislation may change this, so stay tuned.

Governmental and Church Plans

Non-ERISA plans (governmental and church plans) are not subject to the ERISA preemption and therefore are subject to state regulation in most instances. As a result, fully self-insured health and welfare plans are subject to the domestic partnership law if they are governmental or church plans.

Family Leave

Washington state statutory leaves, like family care leave, family and medical leave, spousal military leave, and domestic violence leave now cover registered domestic partners of employees on the same terms as spouses. Employers must modify their policies and postings

regarding these leaves to include registered domestic partners.

Tax Issues

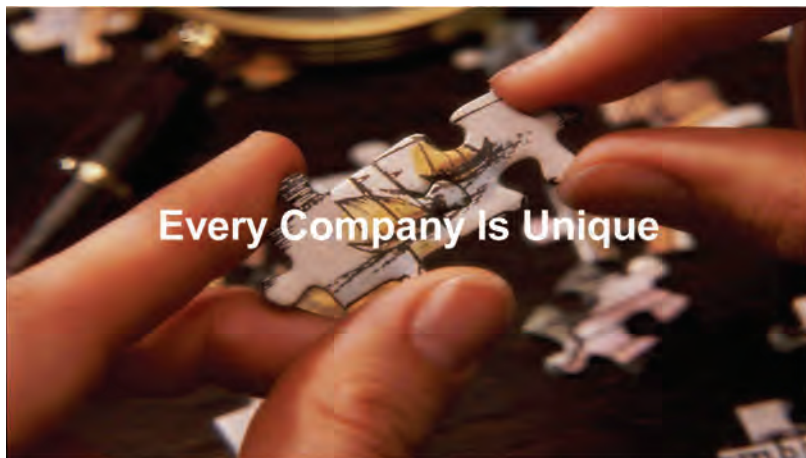
If an employee attempts to enroll his or her domestic partner for health coverage, the employee must state whether the domestic partner meets the requirements under federal tax law to be a dependent of the employee as a “qualifying relative” for healthcare purposes. If the domestic partner does not meet those requirements, the value of the health coverage must be included in the employee’s taxable income. Pending federal legislation may also change this rule.

COBRA

The new law does not require employers to provide COBRA to registered domestic partners. However, neither state nor federal law prohibits an employer from offering domestic partners a COBRA-like benefit voluntarily.

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Investment Income: 12% Returns for Pension Plan, Foundation & Endowment Investors

By **Ward M. Harris**
Managing Director
McHenry Partners



Too Good to be True?

Following last month's columns, several CFOs approached us regarding the potential for risk and return from an income enhancement strategy and their questions related (appropriately) to the increased risks that come along with increased potential for return.

Our readers may recall we introduced the concept of a buy-write strategy that involves the "overlay" of an option management program "on top" of an existing portfolio of equities such as the S&P 500 Index.

The strategy makes it possible for the investor to generate significant income through the use of its

long-term equity assets. As noted previously, they give up a portion of the portfolio's potential excess appreciation above a given, predetermined point, in exchange for a current income.

Our closing question in that column went like this: "Would you give up any excess return on your index portfolio (say beyond +25%) in the next 12 months in return for an additional income of 2% (net of management fees) on the portfolio?"

Our callers questioned the risks connected with professionally managed overlay strategies and we were happy to be able to report that it appears that the risks and returns are in alignment and the risks are outweighed when the strategy is used by institutional investors with suitable goals, objectives, constraints and expertise.

Patient Receivables as Investment Assets

As a further example of the power of low-correlation alternative investment assets, there are other investment strategies available to institutional investors that produce even higher levels of return in the form of fixed income payments on portfolios of account receivables from healthcare patients.

The asset in this case is a loan to an operating business that invests in a diversified portfolio of credit-rated patient obligations purchased at a

discount from healthcare providers, with full recourse to the hospital.

Benefits for Hospitals

As an element of the hospital's revenue cycle management, the "sale" of such assets converts receivables into an immediate funding source for patient-pay balances prior to the billing and collection of monthly payments from patients. This reduces accounts receivable days and improves cash flow. In addition, the service helps in relationship management with patients and the service community, transforming a growing public relations challenge into a public relations advantage for the hospital.

Collection rates increase, costs of collection decrease and patients are happier consumers.

Benefit for Patients

The credit/collection relationship produces an easy-to-use, extended payment program that finances patient-pay expenses (co-pays, deductibles and uninsured hospital costs that are not eligible for financial assistance, governmental programs or provider reimbursement). Patient anxiety is reduced and the likelihood of a favorable financial outcome is increased. The patient family receives a finance card issued by the service organization in the name of the hospital, with amortized payments, monthly statements and excellent, third-party customer service.

Benefits for Investors

The investment platform provides access to sophisticated investors in the form of one and two-year notes paying double-digit interest. These vehicles have proven popular with institutional investors (defined benefit retirement plans and foundation/endowment accounts) and qualified private investor accounts.

These investments are often referred to as “alterative” as they are not publicly traded, have limited liquidity prior to maturity and are not rated by a third party. Of course, these attributes didn’t seem to have much value for investors during the sub-prime melt-down and the resulting impact upon valuation and operations of our financial institutions.

Risks related to these types of in-

vestment are generally related to the quality of the assets held by the asset manager/issuer and the ability of management to collect the outstanding balances. Our analysis of the issuer’s track record suggests a history of uninterrupted payments and full return of investor principal.

The Bottom Line

Some observers have asked us why they haven’t heard about such alternatives through their own advisors, brokers or consultants. That’s

a good question for next time.

Next Time: Advisors, Brokers & Consultants (“ABCs”)

Ward Harris is Managing Director with McHenry Partners, a national investment consulting firm. Ward has served clients in consulting and management roles at Union Bank, Schwab Institutional and Rogerscasey, Inc. He can be reached at 1-800-638-8121 or ward.harris@mchenrypartners.com.

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Rush Commercial Partners Successfully with Franciscan Health System

By Roberta Greenwood
Contributing Writer
Washington Healthcare News

Celebrating the opening of the Franciscan Medical Pavilion Canyon Road, Rush Commercial joined with Franciscan Health Systems in delivering yet another comprehensive medical facility to the Pacific Northwest.

Located at the corner of 152nd and Canyon Road in Puyallup, the nearly 22,000 square-foot project was completed under-budget and on-time, says Jarrod Fenberg, Vice President of Business Development at Rush. The innovative clinic will provide family care, physical therapy, an extended-hours

“prompt-care,” on-site pharmacy, x-ray facilities, accommodations for specialists, and additionally will support the relocated dental offices of Aaron D. Smith, D.M.D.

“Franciscan Health Systems approached us with a full-service concept which would answer the needs in the Puyallup area,” explains Fenberg. “Once we located a property that was appropriate for the type of project they envisioned, we set about to design and construct a custom commercial building that would house a state-of-the-art facility.” Partnering with North Pacific Design, Rush built the “classic” two-story facility to meet the specific needs of the ten-

ants. “It’s a very accessible building,” says Fenberg. “The building itself is easy to navigate; patients are greeted by a receptionist upon entering, and there’s ample parking for enhanced community access.”

Wade Moberg, Director of Facilities for Franciscan Health Systems, explains that the selection of Rush Commercial as a partner in this project exemplifies their long history of delivering excellent design/build medical projects throughout the Northwest. “In this economic climate, our ‘bottom line’ is of pivotal importance to us,” he said. “We partnered with Rush for this project because
Please see> Rush, P14



Artist's Rendering of Franciscan Medical Pavilion Canyon Road, Puyallup, WA

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<Rush, from P12

they continue to deliver the best value for our dollar without compromising our vision. This is the most innovative community clinic we've ever built."

Founded in 1987, locally owned and still lead by Gordon Rush, the company's core mission of integrity, quality and expertise supported the goals of Franciscan Health to provide comprehensive medical treatment to an under served population. Stacey Zierath, Regional Director at Franciscan Health, explained that a unique model was integrated into the patient experience which will minimize patient wait time and create a more calming environment. "Once patients are greeted in the lobby, they're handed a card with a photo of a local landmark which corresponds to the picture on the door of their examination room," Zierath says. "This 'self-rooming' concept is hotel-like in nature and affords more privacy to the clients. Additionally, we use separate hallways for patients and staff – our goal is once the patient enters the room through one door, a medical prac-

itioner enters the room through an adjacent door and is ready to begin to serve the client."

Continuing the concierge concept, Buffalo Design partnered with Rush Commercial to utilize a warm, natural palette of colors and textures throughout the interior of the building. Visualizing a "bird's nest," the design team insured that all furnishings and fixtures offered patients a warm and welcoming environment. "Our goal was to move away from a 'clinical' feel," says Fenberg. "Franciscan wanted the entire facility to have a unique, caring, and protective feel to it. The building features wood floors, soft fabrics, natural colors and textures, quiet, sliding 'barn doors' – everything intended to enhance the patient experience."

Located in the rapidly growing Puyallup area, the facility is intended to increase healthcare accessibility and patient comfort. "It's our goal to bring much needed service to our patients," Zierath continues. "We will offer family medicine with five full-time providers, 'prompt care' availability seven days a week, 365 days a year

and lab draws will be completed in the patient's room. Referrals will be offered in-house to podiatry, orthopedics, general surgery, urology and neurology – our clients will receive the most comprehensive care available in the region. And, many of our staff members live in the surrounding area – our clinic manager lives less than one mile from the facility – which further enhances our presence in the community."

Rush Commercial had one goal in mind when they entered into this partnership – to exceed client expectations. "We've had the pleasure of working on several community health centers for Franciscan," concludes Fenberg, "all of which have added value to the regions in which they were built. Through this time-honored relationship, we feel solidly partnered with Franciscan in our common goal to bring a valuable asset to the community, and we're delighted to contribute our expertise to the project."

For more information on Rush Commercial visit www.rushcommercial.com or call (253) 858-3636.

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Nursing Leadership Opportunity at Seattle Children's Director, Surgical Unit

Founded in 1907, **Seattle Children's** is known for providing excellent patient care with compassion and respect as well as for conducting leading-edge pediatric research. The hospital also serves as a respected educational resource for patients, families and health care professionals. Ranked 8th among top children's hospitals by U.S. News & World Report, Seattle Children's serves as the pediatric academic medical referral center for the largest landmass of any children's hospital in the country (Washington, Alaska, Montana and Idaho). In 2008, Seattle Children's was awarded Magnet designation by the American Nurses Credentialing Center.

We are seeking a Director for our 66 bed Surgical Unit which sees patients from newborn to age 21 with a wide range of often complex surgical diagnoses including Neurosurgery, Orthopedics, Cardiac, and Solid Organ Transplant. This individual will direct, manage and evaluate all services on a 24/7 basis in a manner that meets continuous performance improvement, customer service, programmatic growth and financial requirements while supporting the mission of Seattle Children's Hospital. Other responsibilities include directing and managing contracted services to meet patient and organizational needs and developing, implementing and managing strategic initiatives to respond to anticipated trends, changes in treatment, economics and patient needs. Requirements include: Masters Degree in nursing or related field, baccalaureate degree in nursing, and seven years of related experience. Preferred background: five years of progressive management experience in a health care setting and strong organizational, oral and written communication skills.

We offer excellent pay and benefits, retirement plans, and more.

For information, please contact the Seattle Children's Nursing Recruitment Office at 800-874-6691 or visit www.seattlechildrens.org. Seattle Children's is an Equal Opportunity Employer.



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HOUSE SUPERVISOR

Leadership experience preferred with at least 3 years experience as an RN. ACLS is required. PALS and TNCC preferred. 12-hour shifts/36-40 hours a pay period.

DEVELOPMENT DIRECTOR

Responsible for leadership, direction, and management of the hospital Foundation. F/T, exempt. Must have 3+ years relevant experience [not-for-profit management and/or fundraising]; Bachelor's degree; Master's degree preferred; staff/volunteer management experience required.

Qualified applicants may send or fax their resume to:

Sunnyside Community Hospital
ATTN: Human Resources
P.O. Box 719
Sunnyside, WA 98944
FAX: 509.837.1380
Or visit our website at:
www.sunnysidehospital.com

Phone inquiries are welcome. Please call Lisa at 800.548.7086, ext. 1649.

Leadership Opportunity at Seattle Children's Director, Occupational Health & Safety

Seattle Children's is ranked 8th nationally for pediatric hospitals by U.S. News and World Report and serves as the premier pediatric referral center for Washington, Alaska, Montana and Idaho (over 20% of the land mass in the country). We also received Magnet designation in 2008 by the American Nurses Credentialing Center.

We are seeking a **Director of Occupational Health and Safety** who will develop, manage and evaluate a wide variety of programs to reduce work-related risks, illnesses and injuries. This individual will develop strategies and plans related to first-aid and triage, illness management, immunizations and screening of new hires, infection control related to bloodborne pathogens and communicable disease exposure, hearing conservation, ergonomics and respiratory protection to maintain a safe environment for staff, patients and families. Requirements include a minimum of a Bachelor's Degree in a health related field (nursing, public health, or advanced practitioner/physician), a minimum of five years experience in health care, experience in occupational and environmental health and safety and experience in influencing at the executive level of a health care organization. Preferred are a Master's Degree or higher with emphasis in Occupational and Environmental Health, Safety, Public Health, or related field, Certification in Occupational and Environmental Health and Safety, experience in injury prevention and/or hazard control, risk assessment, infection control, and vaccine preventable diseases and at least three years recent experience in a management and/or leadership role.

We offer excellent pay and benefits, retirement plans, and more.

For information, please contact the Seattle Children's Nursing Recruitment Office at 800-874-6691 or visit www.seattlechildrens.org. Seattle Children's is an Equal Opportunity Employer.



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RN Supervisor- Oncology/Infusion Hiring Bonus Available! \$4000

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 750 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 seeking a Certified Oncology Nurse with oncology/infusion and clinical leadership experience. Requires current WA State RN license or ability to obtain, as well as current BLS and ACLS certification. Will be responsible for day to day coordination of patient care. This includes independent supervision of clinical staff including medical assistants, technicians, registered and licensed nurses, and other staff with a clinical care focus.

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