

Vision Made Manifest with CHOC Children's Tower Expansion

By Nora Haile
*Contributing Editor
California Healthcare News*

Inpatient volume had more than doubled, and hospital referrals from four counties were in the hundreds – that's what drove Children's Hospital of Orange County (CHOC Children's) to build their new 425,000 sf patient care tower. Part of the hospital's master campus expansion plan, it will house new and advanced pediatric services and meet capacity need for future generations. Located in

Orange, California, the tower will include a new Emergency Department, surgery center, lab and imaging services – all with dedicated pediatric staff. "The new tower is a physical manifestation of our vision to achieve national recognition as a premier children's hospital," said Waldo Romero, CHOC Children's Vice President of Facilities, Design & Construction.

Unsurprisingly, the project's Robert L. Tidwell Surgery Center has been a particular source of excite-

ment and pride to CHOC's physicians, staff and the greater community. The Tidwell estate's \$30 million gift catapulted CHOC to \$85 million raised toward the \$125 million goal in their "Change CHOC, Change the World" fundraising campaign. Romero said that the generous gift has been transformational to CHOC Children's and its ability to advance pediatric medicine not only regionally, but also globally.

Please see> CHOC, P3



Artist's Rendering of Children's Hospital of Orange County (CHOC) Tower Expansion

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LETTERS TO THE EDITOR

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

Letter from the Publisher and Editor



Dear Reader,

The volume of online job postings can indicate the strength of the economy. However, it can also be misleading.

I review **The Conference Board’s Help Wanted Online (HWOL)™** report each month to see how postings are trending. The number of postings on Healthcare News web sites are at all-time highs so it didn’t surprise when HWOL reported online postings rose 148,800 during May 2011 when compared to April 2011. The hottest categories have fewer unemployed persons than online ads. Computer and

math science (.23) and healthcare practitioners/technical (.37) categories are in highest demand when unemployed persons are divided by online ads.

However, while healthcare and computer/math science jobs go begging, postings in other industries are scarce. This probably explains why the *U.S. Department of Labor* has been reporting initial claims for unemployment insurance above 400,000 for the past few months.

For the foreseeable future, there will be high demand in some industries while others languish. Expect healthcare workers to continue to be in short supply so make sure your recruiting budgets are adequately funded.

David Peel, Publisher and Editor

California Healthcare News 2011 Editorial Calendar

Month and Year	Theme of Edition	Space Reservation	Distribution Date
January 2011	Hospitals	December 1, 2010	December 27, 2010
February 2011	Human Resources	January 4, 2011	January 24, 2011
March 2011	Hospitals	February 1, 2011	February 21, 2011
April 2011	Insurance	March 1, 2011	March 21, 2011
May 2011	Clinics	April 1, 2011	April 18, 2011
June 2011	Human Resources	May 2, 2011	May 23, 2011
July 2011	Hospitals	June 1, 2011	June 20, 2011
August 2011	Hospitals	July 5, 2011	July 18, 2011
September 2011	Clinics	August 1, 2011	August 22, 2011
October 2011	Human Resources	September 1, 2011	September 19, 2011
November 2011	Hospitals	October 3, 2011	October 24, 2011
December 2011	Clinics	November 1, 2011	November 21, 2011

<CHOC, from P1

To bring their vision to reality, CHOC needed to select the right architect and general contractor. Architectural firms were prequalified then invited to partner with CHOC to express the vision for a visually stimulating and functional pediatric facility. Romero explained, “We wanted to see how they expressed the vibrant spirit and progressive clinical excellence we envisioned.” Rated based on ability as well as compassion and commitment to an on-time, on-budget design, FKP Architects of Houston, Texas won the project.

For a general contractor, CHOC consciously selected one that could handle the anomalies brought on by the economic downturn: McCarthy Builders. According to Romero, the winning reason was not only did they feel McCarthy could keep a handle on costs and schedule, but also that CHOC was able to hand-pick the GC’s top children’s healthcare leadership team to construct Tower II. It’s proven a good partnership, as construction stands at 51% complete, with costs and schedule managed beyond the healthcare organization’s initial expectations.

The commercial contractors have deftly juggled the scheduling impacts caused by the Office of Statewide Health Planning & Development’s (OSHPD) periodic hiring freezes and intermittent furloughs. State recovery plan actions affected OSHPD’s ability to adhere to previously agreed upon plan review and approval schedules. Romero felt that despite these issues, the Los Angeles OSHPD office was highly responsive and

collaborative. “OSHPD has been extremely sensitive to the potential impact of plan review delays and hospital construction project approvals,” commended Romero. “Their partnership approach has minimized related impacts to our Tower II project.”

Romero spoke enthusiastically about the project’s success to-date, particularly around design objectives. “FKP Architects combined function and form beautifully – taking into account the need for flexible room concepts for the diagnostic and treatment areas, making them adaptable to future technologies and changes in treatment techniques.” The design centered on a multi-colored glass “skin” that’s accented with colorful metal panels lit by a vertical beacon. A circular paving pattern starting in the front garden leads visitors through the public spaces, winding to the rooftop garden, emphasizing connectivity and flow between interior and exterior spaces.

CHOC Children’s physicians, nurses and staff have been the driving force behind the design of the new tower. As Romero explained, they’re passionate about making Orange County the nation’s safest and healthiest place for children. The group consulted with national experts, as well as families who know the hospital, to support CHOC’s family-centered care model. According to Romero, the team has incorporated leading safety principles that reach even beyond those traditional to health-

care. The goal? For the Tower to feature the most advanced design and safety principles of any children’s hospital in the nation.

Though a significant financial and resource investment, the project continues on-schedule and on-budget. The continued enthusiasm is due in large part to the regular flow of information to stakeholders, using a highly robust brand campaign. The CHOC team has managed the campaign to effectively engage the community and to drive anyone interested in learning more to the project information on the CHOC website.

So while the recession brought challenges, it also brought significant cost reductions in materials and labor. CHOC’s long term financial plan and strategy reflects support for the new tower, with programs and services to help them retain and attract the world’s top pediatric experts. The organization also continues to build on their recent affiliation with the University of California at Irvine.

Children’s Hospital of Orange County’s new patient care tower, which will feature the Robert L. Tidwell Surgery Center and other essential pediatric services, will allow the quality and care driven organization to achieve their vision for national recognition as a premier center of children’s healthcare.

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Finding Financing for Seismic Retrofit Projects

By **Anthony J. Taddey**
*Managing Director
Lancaster Pollard*



Whether the California seismic retrofit mandate looms imminently or stands unthreateningly in the future depends on the applicable implementation dates and your facilities' specific needs. But whether the deadline is 2013, 2015, or 2030, project planning can take years, and financing can take from mere months to years depending on the hospital plan's development and the capital markets. And regardless of whether hospitals must meet the seismic standards immediately, they still require periodic capital infusions along the way.

A recent California Hospital Association survey taken during the credit crunch indicated that over two-thirds of California hospital

CFOs saw continued deterioration in their ability to access sufficient capital. Complicating matters, several temporary hospital financing options created or modified by the American Recovery and Reinvestment Act expired after 2010, leaving hospitals with yet another shift in the financing landscape that requires re-examination of available financing alternatives.

Where, then, to turn in 2011?

Investigate Internal Resources

Very strong, credit-agency-rated hospitals and systems may be able to issue debt on their own credit strength. The interest rate on these unenhanced bonds depends on the hospital's credit profile if the bonds are revenue-backed, and on the municipality's credit rating if they are backed by a district's general tax obligation. Hospitals that are part of strong systems may be able to rely on a system's guarantee to improve the interest rate on unenhanced debt.

Unenhanced bonds require no third-party enhancement fees, and rates are fixed. But very few unrated, unenhanced health care bonds have been issued in 2011. Investors are heavily scrutinizing the transactions that come to market. Practically, unenhanced bonds are available only to the strongest systems right now.

Look Locally

In 2011, most non-investment-grade hospitals will require credit enhancement to make interest rates affordable. Local banks can be an excellent resource. Their familiarity with the hospital's role in the community and their interest in its well-being may incent them to participate in a financing.

Strongly rated banks can provide letters of credit, which let the hospital borrow using the bank's credit rating. Many local community banks, however, may not have such a rating. Nonetheless, unrated or low-investment-grade banks may be able to provide such enhancement by having the Federal Home Loan Bank of San Francisco back up the bank's letter of credit. The FHLB option can be used only for taxable bonds, but it provides a low-cost enhancement and AAA-rated debt.

Banks can also purchase bonds directly and may be willing to accept a lower interest rate than the general market. Small banks may not be able to purchase the entire bond amount, but the investment banker may be able to identify multiple banks to each buy a portion of larger debt issuances (generally required for financings over \$15 million).

Designating bonds "bank-quali-

fied” can further reduce interest costs. Banks can list the cost of buying and carrying these bonds as a tax deduction. In exchange, banks are generally willing to accept a lower interest rate. Only \$10 million of bonds can be so designated by each issuer each calendar year, but hospitals may be able to phase projects over multiple years to take advantage of this structure.

Direct bank placements and bank-qualified bonds have limited public disclosure, flexible terms, and the option of drawing on the bonds in phases to avoid paying interest on the entire amount at once. They allow hospitals to capitalize on local relationships, but success depends on the community banks’ strength and willingness to participate.

Go with the Government

Both the Federal Housing Administration and the U.S. Department of Agriculture offer hospital financing. The USDA Community Facilities Program and USDA Business & Industry Program can provide rural hospitals very low interest rates and amortizations of up to 40 years. The Community Facilities Program may be available only through 2011, however, as it is currently not included in the 2012 federal budget proposal.

FHA-insured hospital mortgages have been used in California only a few times recently, but HUD seeks to expand its insured base here. Becoming increasingly popular in the western states, FHA insurance offers some of the lowest fixed interest rates and most appealing terms in the market. The debt is rated AA or AAA, and the enhancement fee

is a flat half-percent annually. The debt is also non-recourse to systems or affiliated entities.

In California we have a similar state program, Cal-Mortgage. The upfront premium is based on the hospital’s credit strength, and the resultant tax-exempt bonds would carry the state’s credit rating, currently A-. Over 500 health care facilities have issued \$6 billion in Cal-Mortgage loans since 1972. Like an FHA-insured loan, Cal-Mortgage loans can have long lead times to closing, but they also have favorable fixed rates and up to 30-year amortizations.

Conclusion

Despite the recent market tumult, interest rates in general are still at some of their lowest levels in recent decades. Variable tax-exempt rates remain low, and while some lower-rated hospitals have issued fixed rate tax-exempt bonds at rates exceeding 8% in April, other hospitals have achieved fixed interest rates below 5% in the past 18 months via federal enhancement programs such as FHA and USDA.

While the Office of Statewide Health Planning and Development

estimates that about half of California hospitals will benefit from the 2030 deadline associated with HAZUS reclassification, borrowers still facing the 2013 and 2015 retrofit deadlines need to proceed with planning and arranging financing to meet the structural integrity standards of the seismic retrofit mandate and ensure their hospitals can remain operational following an earthquake. In these situations, special consideration should be paid to incorporating flexibility into debt covenants, prepayment terms and penalties and other terms. The borrower may find that paying a higher interest rate is worth the benefit of future flexibility to refinance early.

Anthony J. Taddey is a managing director for Lancaster Pollard, a leading provider of debt financing and investment advisory services for hospitals nationwide. Mr. Taddey is the head of the firm’s Western Region office in Los Angeles, Calif., and can be reached at ataddey@lancasterpollard.com or (310) 458-9180. To download Lancaster Pollard’s guide explaining hospital financing options, visit www.lancasterpollard.com/site.cfm/Our-Focus/Health-Care-Finance.cfm.



Breaking Language Barriers in Health Care

By **Craig B. Garner**

*Principal
Garner Health*

“Most of the fundamental ideas of science are essentially simple, and may, as a rule, be expressed in a language comprehensible to everyone.” – Albert Einstein

Imagine finding yourself in a hospital, only to discover that you no longer have a mouth or ears. You cannot explain your symptoms, identify next of kin, or describe your medical history, nor can you understand the doctor’s diagnosis, instructions, or prognosis. For the growing number of patients in Emergency Rooms across the United States who arrive unable to communicate effectively in English, this is no dream, but a frightening reality.

In an emergency time is short, and swift, accurate communication is essential for establishing a foundation from which the doctor can attempt a diagnosis. According to a survey by the Health Care Interpreter Network, more than 70 percent of American health care providers admit that language barriers regularly compromise patients’ understanding of their disease, increase the risk of complications, and make it difficult for patients to communicate effectively with their doctors, often leading to costly delays in treatment. Furthermore, in some cases the stigma

and frustration attached to having limited English proficiency (LEP) is enough to discourage people from seeking treatment altogether, while those who are able to overcome their fear or embarrassment run the risk of misunderstanding the physician’s instructions, especially when it comes to home follow-up care and the taking of medication.

Many of the facts surrounding issues of language in a hospital setting are surprising. Statistics from the United States Census show that nearly one in five legal American residents speaks a language other than English at home, adding up to nearly 60 million people nationwide, and that number continues to rise with each passing year. However, this growth is no longer limited to large urban environments, as many of today’s immigrants are finding pockets among smaller towns in states not often associated with immigrants, such as Arkansas, Kansas, Colorado, Kentucky and Tennessee, leaving local hospitals scrambling to find the appropriate means to deal with newly presented language barriers.

Furthermore, Spanish is by no means the only issue. Though by far the most common language encountered, it is joined by such disparate tongues as Chinese, Russian, Arabic, Vietnamese, Portuguese, Hindi, Japanese, Korean,

and American Sign Language, to name a few, making it nearly impossible for most hospitals to cover the needs of their entire patient-base. Even in situations where a low-level translator is available, errors in diagnosis may occur as a result of “false friends.” For example, in Spanish the word “constipado” refers to a respiratory rather than a digestive condition, meaning “unable to breathe.” Similarly, “intoxicado” means simply “dizzy,” without regard for reason why.

While such communicative chaos is certainly bad for patients, it also places burdens on hospitals, as the cost of the resultant unnecessary tests, longer treatment times, decreased provider efficiency, and repeat visits are often thrust onto the shoulders of the facility. Under Title VI of the Civil Rights Act of 1964, hospitals receiving Medicare or Medicaid are obligated to provide free translation services to patients, though the government provides little or no reimbursement. Neither Medicare nor the vast majority of private health insurers covers issues of interpretation, though both deal in high volumes of LEP beneficiaries. Depending on the language involved, medical translation services can run as high as \$400 per hour.

Recognizing the effect on both patient and facility, many hospi-

tals have begun to address this burgeoning issue with the attention it deserves. With the added incentive put forth by the Joint Commission accreditation standards begun in 2008 and effective January 2011, today's medical facilities have started to focus more keenly on their commitment to supporting numerous languages and providing new solutions to the problems caused by the inability to communicate in a healthcare-related setting. For example, many larger hospitals now boast a combination of in-house and freelance interpreters to cover the needs of their community, as well as hiring more bilingual employees in both medical and non-medical capacities. Recent years have also shown greater emphasis on training in-house staff to work in conjunction with interpreters and an increase in overall cultural awareness. Though

expensive, phone interpretation is another way in which hospitals can effectively procure important information in an emergency.

Since the aftermath of Hurricane Andrew in 1992, picture boards have increased dramatically in popularity among hospitals with high numbers of LEP patients. These laminated panels provide simple icons depicting health issues such as cuts, burns, trouble breathing and chest pain, as well as images of body parts to show where the patient is affected. Though limited in scope and detail, the boards are an effective way to give the physician a quick overview of the situation while an interpreter is being located, and they work equally well for those patients who are deaf, mute, or unable to speak due to a medical condition or as a result of a breathing tube or apparatus.

Though only an initial step, the edict put forth by the Joint Commission serves to publicize the need for more effective translation services in America's hospitals while adding incentive for health care facilities who do not wish to lose Medicare and Medicaid funding due to non-compliance. Bettering doctor-patient communication in the future is essential to the vitality of our health care system, as it is a proven and effective way to cut costs, improve care, and save lives.

Between 2002 and 2011, Craig was the CEO at Coast Plaza Hospital, an acute care hospital serving Southeast Los Angeles County. Craig's nine-year tenure ended with the negotiation, sale, and transfer of the hospital to a larger health care system. He can be reached at craig@craiggarner.com.



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Master's degree preferred; minimum two years of post-graduate work experience preferred; hospital/health care operations experience preferred; bilingual preferred (English/Spanish); and required to work some weekends and evening hours, able to travel between assigned client site and corporate office or other designated sites.

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Department: Finance

Schedule: Full Time

Shift: Days

Hours: M-F

Job Details:

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Previous experience required

Healthcare experience preferred

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Qualifications:

Experience: 5 years of experience selling face to face with a proven track record of closing and/or superior sales and service.

Education: Bachelor's degree preferred

Language skills: Two languages preferred—Minimal English

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Shift: Days

Hours: Mon-Fri

Job Details:

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Qualifications:

Experience: 5 years of experience selling face to face with a proven track record of closing and/or superior sales and service.

Education: Bachelor's degree preferred

Language skills: Two languages preferred—Minimal English

Computer Skills: Must be proficient in use of the internet, web-based applications and Microsoft Office suite of products.

Insurance License: Must maintain a current, active Life and Disability agent license. Don't have a license? Don't worry. We will help you get licensed.

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Sr. Systems Analyst, Chargemaster (Vacaville, CA)

Working under the direction of the Senior Director, Revenue Cycle Management, the Senior Systems Analyst - Chargemaster is responsible for ensuring a compliant Charge Master (CDM) data file and for the maintenance of the files within all affected software applications. Responsible for maintaining Chargemaster compliance in accordance with regulatory guidelines. The Senior Analyst serves as a liaison between Finance and all clinical hospital departments including hospital based clinic departments. Acts as an application and subject matter expert and resource for System Managers in the area of Chargemaster related issues. Serves as a leader in Charge Master meetings and related projects. Conducts and/or oversees data entry of Charge Master revisions. Directs Chargemaster training sessions for System staff as needed.

Bachelor's Degree in Computer Systems, Business, Nursing or commensurate experience required. High School graduate required. Minimum five years of hospital business office experience, or three years of clinical patient care with two years medical business office experience required. Two years of hospital Medicare billing experience strongly preferred. Experience with interfaces required. Strong organizational and meeting facilitation skills. Strong project management capabilities. Ability to read and interpret regulatory information related to billing of CDM data. Proficient in MS office applications, especially Excel, PowerPoint, Word and Access. Knowledge of Internet and Government web sites required. Ability to communicate effectively in writing for policies, procedures, external communications and internal communications. Ability to work effectively with a variety of personnel with varied backgrounds, education and skills, in a team environment. Ability to effectively manage multiple priorities. Ability to communicate clearly and effectively, both in listening, talking and writing. Proficiency in use of Microsoft applications including Excel, Access and Word. PC literate; this includes accessing bulletin boards or eligibility files, websites, and shared drives and folders on the NorthBay network to utilize/edit forms, on-line reports, etc. This also includes ability to copy and paste from host systems to documents. Ability to relate cordially with co-workers, employers, patients, providers and others. Knowledge of all key data elements (CPT, HCPCS, Rev Codes) and data flow of all elements within the Charge Master and other related files. Knowledge of claims processing and remittance data. Knowledge of Medicare regulations. Knowledge of APC's and other payment methodologies that drive charge master updates.

To learn more and apply visit www.northbayjobs.org



Great doctors. Great health care.

Manager of Surgical Services

Good Samaritan Hospital has 400+ beds and a reputation throughout Silicon Valley for excellence in neurosciences, advanced surgery and tertiary OB. A recent \$95 million investment expanded our services to women and children, surgery capacity and the latest in diagnostic imaging technology. A dedicated oncology unit with all private rooms augments our surgical, medical and radiation oncology programs. One of the first five JCAHO-certified Primary Stroke Centers in the nation, Good Sam just became the first acute rehab facility in northern California to receive CARF accreditation for stroke specialty. Our Level III NICU, general pediatrics, PICU and Children's Surgery Center position us for the future. Join our team today.

Under the direction of the Director of Surgical Services responsible for planning, administering, coordination, supervision and evaluating the daily operations of the Surgical Services. Together, they develop policies and procedures, patient care standards, budgets and quality improvement programs that ensure compliance with all hospital service and regulatory agency standards and procedures. Responsibilities include, but are limited to assigning duties to department personnel based on patient needs, staffing availability and work priority to ensure high quality of patient care. Serves as resource person for resolving operational and patient care problems.

Requirements:

Must have California Registered Nurse license and ACLS. B.A./B.S. required. M.A./M.S. preferred. Must have 5-7 years managerial experience.

Apply now at www.sjhealthjobs.com or email courtney.engel@hcahealthcare.com.

HCA is an equal opportunity employer.



Director - Cardiac Cath Lab (San Jose, CA)

Department: Cardiac Catheterization Services
Schedule: Full Time

Shift: Days

Hours: m-f

Job Details:

ACLS required

Current CA RN license required

Previous experience required

Requires current Calif RN license; BSN or Bachelor's degree and RCIS certification; minimum 5 years recent Cardiac Cath Lab experience; current BCLS and ACLS certifications; demonstrated leadership ability and potential managerial competency - evidence of this includes but is not limited to: effective communication skills, ability to deal well with people, ability to problem solve, ability to confront/resolve issues; ability to motivate others; ability to plan, organize and direct the activities of others; knowledge of state and federal regulations; knowledge of California Practice Act.

To apply and learn more visit:

www.oconnorhospital.org/careers/Pages/JobOpenings.aspx



Case Managers (San Jose, CA)

Department: Case Management

Schedule: Full time and per diem

Shift: Various

Hours: Various

Job Details:

Current CA RN license required

Previous experience required

Requires current CA RN license; skilled in Case Management and Discharge Planning processes; ability to apply UR criteria; knowledge of utilization management as it relates to third-party payers; knowledge of post acute care community resources; demonstrated skills in the areas of negotiation, communication (verbal and written), conflict resolution, interdisciplinary collaboration, creative problem solving and critical thinking; knowledge of healthcare financing, community and organizational resources, patient care processes and data analysis; ability to demonstrate flexibility and adapt to changing priorities and regulations; possess basic computer skills. **Position will be assigned to ER.**

3-5 years acute care hospital experience; Critical care or Emergency department and managed care experience preferred.

To apply and learn more visit:

www.oconnorhospital.org/careers/Pages/JobOpenings.aspx



Chief Medical Officer (Los Angeles, CA)

COPE Health Solutions is a leading health care corporation based in Los Angeles, California. We partner with hospitals, physician groups, health plans, clinics and other health care organizations to help them achieve visionary, market relevant health care solutions. Our focus is to ensure that our clients are well positioned as market leaders who are able to best leverage and navigate the many opportunities and challenges posed by the rapidly changing health care environment.

Position Description:

COPE Health Solutions is looking to hire a **Chief Medical Officer (CMO)**. This is a unique, full-time position with broad and deep responsibilities for the growth and continued transformation of public-private integrated delivery networks; leadership in integrating translational research into the work-flows of our network provider clients; facilitation and ongoing development of physician leadership, governance and continuing medical education (CME) for our networks; and executive management within our company. He/she will inherit both a very strong and capable team of project managers and COPE Health Solutions' strong reputation for not only facilitating innovative strategies for clinical integration, care coordination and hospital/physician alignment, but also implementing and providing ongoing management for successful integrated delivery networks.

Required Skills and Experience:

M.D. with non-restricted California medical license and Board Certification; minimum of 10 years of experience as a physician in a primary care practice and/or hospital-based practice and as a physician leader/executive successfully operating in complex organizations; experience in clinical research (epidemiology, health services); Master's Degree (i.e., MPH and/or MBA) strongly preferred; experience in grant writing and external research reputation supported by peer-reviewed publications strongly preferred; analytical thinking skills and a strong and dedicated work ethic are required; flexibility to manage multiple initiatives in response to continuously and rapidly changing priorities; flexible with work hours; and able to travel and work on evenings and weekends frequently.

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



Business Development Specialist (San Jose, CA)

The primary responsibility of this position is to generate qualified leads that will be converted to members. Successful candidates generate leads from a variety of diverse sources for a defined territory including individual networking, physician and pharmacy referrals, grassroots sources as well as from member referrals. This involves managing the lead beginning with the architecting of the lead from the start and assisting with the successful hand-off of that lead to a sales representative. Candidates act as a primary liaison between CareMore and the community leadership, local senior centers and overall senior-oriented organizations in that county.

Qualifications:

Experience: Ideal candidate will have knowledge of assigned county/community with established relationships with senior-oriented organizations and the ability to deepen these and develop additional relationships and partnerships preferred. Experience in public speaking preferred.

Education: Bachelor's or Associate's degree preferred, high school diploma or equivalent required.

Language skills: Bilingual Spanish/English desirable.

Computer Skills: Must be proficient in use of the internet, web-based applications and Microsoft Office suite of products.

Transportation: Successful candidates must have a reliable automobile and keep in good working order and a valid driver's license for the state in which the representative enrolls prospects.

To see additional responsibilities, qualifications and to apply visit:

www.caremore.com/About/Careers.aspx

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Mgr, ARU & I/P Rehab Services (Napa, CA)

Job Summary

Under the direction of the Director of Ortho Neuro Service Line, and in collaboration with the care team, coordinates and facilitates effective clinical resource management, providing overall department daily operations for the Acute Rehabilitation Center and Inpatient Rehabilitation Services. Responsible for the coordination and collaboration of all rehabilitation services and nursing services programs.

Qualifications

Required: Bachelors degree in health care field. Five (5) years management experience in health-care, hospital setting, rehabilitation services. Licensed clinician (Physical or Occupational Therapist, Speech-Language Pathologist, Registered Nurse, or Case Manager). Current BLS for health-care providers. FIM certification or certified within six months of hire. National certification in related field. Preferred: Master's degree in health care or business. Program development experience.

To learn more and apply visit:
www.thequeen.org/view/Careers/Opportunities/default



Clinical Manager - ICU (San Jose, CA)

Department: Intensive Care Unit
Schedule: Full Time
Shift: Days
Hours:

Job Details:

Requires current Calif RN license, BSN, current BCLS and ACLS certifications by the AHA; 3-5 years recent clinical experience in a Critical Care department; 2 years supervisory/management experience in an acute Critical Care setting; demonstrated clinical competence in relevant area of nursing practice; demonstrated leadership ability and management competency; effective communication skills; ability to deal well with people; effective problem solving skills; ability to confront/resolve issues, ability to motivate others, ability to plan, organize and direct the activities of others; knowledge of state and federal regulations & Knowledge of California Nurse Practice Act.

To apply and learn more visit:
www.oconnorhospital.org/careers/Pages/JobOpenings.aspx



Controller (Wenatchee, WA)

The Controller will provide leadership for the Finance Department and will maintain agency financial information, prepare financial reports, maintain and balance accounting ledgers and provide direct oversight of the Purchasing, Accounts Payable, Cash Receipts, Payroll and General Ledger functions. The Controller is responsible for maintaining compliance with external stakeholders by ensuring the accuracy and timeliness of required reporting.

CVCH is a dynamic community health center with fully integrated EMR. Our services include Medical, Dental and Behavioral Health services with our main clinic in Wenatchee and a site in Chelan. We serve 20,000+ people in a geographically stunning part of the world and are proud to be a progressive group of mission-focused employees committed to serving the underserved. We are leaders in the Medical Home Model, are Joint Commission accredited and are routinely recognized as one of the highest quality Community Health Centers in Washington.

The successful candidate will have a Bachelor's degree in Accounting with five years accounting and supervisory experience. CPA preferred. Visit our website at www.cvch.org.

To apply, contact Sarah Wilkinson, HR, @ 509-664-3587 or swilkinson@cvch.org



PeaceHealth

Dedicated to Exceptional Medicine and Compassionate Care

PHMG Clinical Practice Program Manager

PeaceHealth's Lower Columbia Region, in Longview, Washington, includes St. John Medical Center, a 200-bed acute care and Level III trauma center community hospital, and PeaceHealth Medical Group, a multi-specialty physician practice. We are an integral part of a nationally recognized not-for-profit health care system known for its innovations in patient-centered care, patient safety, and health care technologies. We currently are recruiting for a **Clinical Practice Program Manager** for our Primary Care Clinics within PeaceHealth Medical Group:

In this role, you will support our primary care clinics by managing the clinical practice program operations and staff performance on clinical-related policies and processes in conjunction with the Clinic Managers. Will also ensure compliance with all regulatory guidelines and facilitate the development, implementation and evaluation of clinical best practices, as well as, collaborating with clinic leadership on ensuring consistent delivery of patient care.

Require a minimum of an AA degree in Nursing, strong clinic nursing experience, as well as project management and process improvement experience.

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 37,000 friendly neighbors enjoy the pace and natural beauty of a family-first community that benefits from the amenities of nearby Portland and Seattle.

We offer a competitive salary range and a comprehensive benefits plan. 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



Chief Financial Officer (Bakersfield, CA)

CFO-Kern Medical Center (Bakersfield, CA) Executive level position. Kern Medical Center is a teaching, level II trauma facility licensed for 222 beds, along with its residency program, also includes an outpatient clinic system as well as juvenile and adult correctional medicine system. Located in central California, just two hours north of Los Angeles, Kern Medical Center has a \$290 million annual budget and 1800 employees. Please send CV and salary history to: Kern Medical Center 1700 Mt. Vernon Ave. Bakersfield, CA 93306 Attn: nunnr@kernmedctr.com

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