

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

912



FROM: Human Resources Department

SUBMITTAL DATE:
August 20, 2015

SUBJECT: Classification and Compensation recommendations to establish seven new classifications; grant parity adjustments to three Management classifications; and amend Ordinance No. 440 pursuant to Resolution No. 440-9011 [District- All] [Total Cost - \$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the following recommendations and amend Ordinance No. 440 pursuant to Resolution No. 440-9011 submitted herewith.

BACKGROUND:

Summary

The following recommendations are the result of a classification request from the Riverside University Health System (RUHS) to develop new job classifications in order to meet its changing organizational model and for parity wage adjustments for select classifications.

Departmental Concurrence

Michael T. Stock
Asst. County Executive Officer/
Human Resources Director

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 0	\$ 0	\$ 0	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

SOURCE OF FUNDS:	Budget Adjustment: No
	For Fiscal Year: 2015/16

C.E.O. RECOMMENDATION: APPROVE
BY: Lahi Sioson
County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Ashley, seconded by Supervisor Benoit and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended and that Resolution 440-9011 is adopted as recommended.

Ayes: Jeffries, Tavaglione, Washington, Benoit and Ashley
Nays: None
Absent: None
Date: September 1, 2015
xc: HR

Kecia Harper-Ihem
Clerk of the Board
By: Deputy

Prev. Agn. Ref.: District: All Agenda Number:

3-20

BACKGROUND:

APPROVED BY ZAREH SARRAFIAN
ASST. CEO RUHS

- A-30
- Positions Added
- 4/5 Vote
- Change Order

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: Classification and Compensation recommendations to establish seven new classifications; grant parity adjustments to three Management classifications; and amend Ordinance No. 440 pursuant to Resolution No. 440-9011 [District- All] [Total Cost - \$0]

DATE: August 20, 2015

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BACKGROUND:

Summary (continued)

The mission of the Riverside University Health System (RUHS) is to provide excellent healthcare to the residents of Riverside County in the most convenient, cost effective, efficient, and timely manner. Accomplishment of this mission is critical in order to transform RUHS into the number one provider of choice for patients and private health insurers for healthcare. Further, achievement of this mission would ultimately result in better financial health for RUHS.

For decades, RUHS was the safety net for patients who could not afford healthcare. During that period, government agencies reimbursed RUHS for healthcare services delivered to this patient population. These reimbursements were RUHS' major source of revenue. In 2014, this changed. Patients now have health insurance and the freedom to choose their provider through the Affordable Care Act. For the first time, RUHS must compete for patients and for healthcare dollars.

In order to be competitive, RUHS strives to improve the patient experience, enhance patient satisfaction, and achieve positive patient health outcomes. Towards this end, RUHS has been restructuring its operations and implementing organizational changes designed to deliver the best patient care, in the most efficient and cost effective manner. These changes call for new or modified roles and therefore, the department requests additional and modified job classifications to achieve its goals and mission.

Based on the findings of external market data, internal reviews, and compression analysis, the Human Resources Department also recommends parity wage adjustments for the classifications of Medical Center Chief Operating Officer, Chief Nursing Officer, and RUHS Foundation Executive Director.

CREATION OF NEW CLASSIFICATIONS

Clinical Documentation Improvement Specialist: It is recommended to add this classification to the Class and Salary Listing at salary plan/grade SEU 700/L13 (\$82,878 - \$114,079). The proposed salary range is based on available external market data (Attachment H). The Clinical Documentation Improvement (CDI) Specialist classification will be responsible for clinical documentation review to ensure patient information is accurately and completely documented in patient medical charts. Establishing the CDI classification is necessary to generating hospital revenue because better clinical documentation leads to better patient care, which ultimately leads to higher hospital reimbursements. This request is only to add the classification and therefore, there is no immediate financial impact. The CDI Specialist class specification is attached.

Director of Case Management and Utilization Review: It is recommended to add this classification to the Class and Salary Listing at salary plan/grade MRP 594/L20 (\$83,493 - \$138,260). Effective patient care coordination, utilization management, and discharge planning are critical factors, not only in patient satisfaction, but also in RUHS' revenue cycle. Hence, the Director of Case Management and Utilization Review class is necessary to ensure that patients receive quality care from admission to discharge, that case management complies with reimbursement regulations, and that claims for health services rendered are submitted timely to payors/insurers. The case management and utilization review functions have been supervised by an Assistant Nurse Manager for several years. Such supervisory oversight is no longer appropriate to meet the department's current needs. The proposed salary range is lower than available external market data (Attachment H), but maintains the existing salary structure and relationships among RUHS Nursing management classifications, such as the Nurse Manager and Assistant Chief Nursing Officer classes. This request is only to add the classification and therefore, there is no immediate financial impact. The Director of Case Management and Utilization Review class specification is attached.

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Director of Emergency Department: It is recommended to add this classification to the Class and Salary Listing at salary plan/grade MRP 594/L20 (\$83,493 - \$138,260). The scope of managing the RUHS Emergency Department has grown over the past several years. Aside from the primary responsibility of delivering safe, timely, and quality care to patients admitted in the Emergency Department, a leader for the Emergency Department is responsible for compliance with regulatory core measures designed to maximize reimbursements, forecast the Emergency Department's capability to handle hospital surge, and plan for pandemic diseases. To address the growing scope of management responsibility, RUHS requests that a Director of Emergency Department classification be established. The proposed salary range is lower than available market data (Attachment H), but maintains the existing salary structure and relationships among RUHS Nursing management classifications, such as the Nurse Manager and Assistant Chief Nursing Officer classes. This request is only to add the classification and therefore, there is no immediate financial impact. The Director of Emergency Department class specification is attached.

Director of Operating Room Services: It is recommended to add this classification to the Class and Salary Listing at salary plan/grade MRP 594/L20 (\$83,493 - \$138,260). To meet the growing demand for quality surgical care, RUHS will expand the medical center's operating rooms. This is an initiative to improve patient experience and increase hospital revenues. The Director of Operating Room (OR) Services classification will direct the OR's activities and ensure compliance with regulatory standards. Currently, an Assistant Nurse Manager supervises the OR operations and staff. The proposed salary range is lower than available market data (Attachment H), but maintains the existing salary structure and relationships among RUHS Nursing management classifications, such as the Nurse Manager and Assistant Chief Nursing Officer classes. This request is only to add the classification and therefore, there is no immediate financial impact. The Director of Operating Room Services class specification is attached.

Director of Health Information: It is recommended to add this classification to the Class and Salary Listing at salary plan/grade MRP 774/L12 (\$100,862 - \$135,107). The proposed salary range is based on external market data (Attachment H). The role of a Director of Health Information (DHI) is crucial to improving quality of care and securing patient health information, as well as in enhancing a hospital's revenue cycle. The DHI classification will be responsible for accurate and timely documentation of patient encounters, including health assessment, diagnosis, and treatment interventions. This function is important in evaluating the quality of patient care and impacts the hospital's reimbursements for medical services provided. Furthermore, the DHI's role would promote a positive patient experience by securing patient health information. The Director of Health Information classification will report to the Medical Center Revenue Cycle Director. This request is only to add the classification and therefore, there is no immediate financial impact. The DHI class specification is attached.

Director of Population Health: It is recommended to add this classification to the Class and Salary Listing at salary plan/grade XMB 203/L17 (\$159,717 - \$240,936). In this era of Health Reform, a greater emphasis is placed on keeping the population healthy. Health systems are either reimbursed or provided financial incentives for achieving positive health outcomes at lower costs. Therefore, RUHS requests the development of a designated At-Will, single-position Director of Population Health classification to lead the implementation and accomplishment of the Triple Aim approach to population health. This approach entails improving patient health outcomes through disease prevention and enhancing access to healthcare, promoting positive patient experience, and reducing the cost of healthcare. The Director of Population Health will report to the Assistant County Executive Officer - Health System. This request is only to add the classification and therefore, there is no immediate financial impact. The Director of Population Health class specification is attached.

Medical Staff Services Manager: It is recommended to add this classification to the Class and Salary Listing at salary plan/grade MRP 725/L11 (\$94,924 - \$123,800). The Medical Staff Services Manager (MSSM) classification will manage the administrative services, including credentialing and privileging of Physicians, Nurse Practitioners, and Physician Assistants that attend to patients' healthcare needs. Further, the proposed MSSM classification, in collaboration with physicians, will develop and implement medical staff by-laws and

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ensure compliance to regulatory standards for medical staff services. The proposed salary range is based on external market data (Attachment H), as well as internal salary relationships among mid-level management positions in the department. This request is only to add the classification and therefore, there is no immediate financial impact. The Medical Staff Services Manager class specification is attached.

PARITY WAGE ADJUSTMENT

Chief Nursing Officer: It is recommended to grant this classification an approximate 11.6% wage reduction from salary plan/grade XMB 199/L23 (\$149,566 - \$268,813) to XMB 203/L17 (\$159,717 - \$240,936). The proposed salary range is based on the results of an external market survey of classifications comparable to the Chief Nursing Officer class at private and public hospitals (Attachment H). There is no wage compression anticipated between the proposed Chief Nursing Officer salary range and its subordinate Associate Chief Nursing Officer class, with a salary range of \$102,069 - \$164,683.

Medical Center Chief Operating Officer: It is recommended to grant this classification an approximate 16.5% parity wage adjustment from salary plan/grade XMB 185/L23 (\$132,337 - \$237,793) to XMB 223/L17 (\$180,379 - \$276,921). The Medical Center Chief Operating Officer (COO) classification assists the Medical Center Chief Executive Officer in directing, organizing, coordinating, and evaluating all Medical Center activities and operations. An external market survey of California private and public hospitals reveals that the average maximum annual salaries of executive management classifications comparable to the Medical Center COO class is \$276,921 (Attachment H).

RUHS Foundation Executive Director: It is recommended to grant this classification an approximate 40.6% parity wage adjustment from salary plan/grade MRP 796/L19 (\$103,696 - \$167,292) to salary plan/grade MRP 880/L18 (\$149,558 - \$235,260). The RUHS Foundation Executive Director classification is needed in order to raise significant financial support for RUHS' various patient care programs and promote RUHS' image in the local and regional communities. This is a modification to the current classification of Foundation Executive Director, RCRMC. The proposed salary range is based on available external market data (Attachment H).

Impact on Residents and Businesses

Approval of the proposed classifications will improve RUHS' overall operations, leading to better quality of patient care, enhanced access to healthcare and a more comprehensive and seamless delivery of health services to the residents of Riverside County.

ATTACHMENTS:

- A. Clinical Documentation Improvement Specialist Class Specification**
- B. Director of Case Management and Utilization Review Class Specification**
- C. Director of Emergency Department Class Specification**
- D. Director of Health Information Class Specification**
- E. Director of Operating Room Services Class Specification**
- F. Director of Population Health Class Specification**
- G. Medical Staff Services Manager Class Specification**
- H. Market Survey**
- I. Resolution No. 440-9011**

RESOLUTION NO. 440-9011

BE IT RESOLVED by the Board of Supervisors of the County of Riverside, State of California, in regular session assembled on September 1, 2015, that pursuant to Section 3(a)(iv) of Ordinance No. 440, the Assistant County Executive Officer/Human Resources Director is authorized to amend the Class and Salary Listing of Ordinance No. 440, operative the beginning of the pay period following approval, as follows:

Job Code	+/-	Class Title	Salary Plan/Grade
13407	+	Clinical Documentation Improvement Specialist	SEU 700/L13
13409	+	Director of Case Management and Utilization Review	MRP 594/L20
74071	+	Director of Emergency Department	MRP 594/L20
76399	+	Director of Health Information	MRP 774/L12
74072	+	Director of Operating Room Services	MRP 594/L20
73863	+	Director of Population Health	XMB 203/L17
73866	+	Medical Staff Services Manager	MRP 725/L11

BE IT FURTHER RESOLVED that pursuant to Section 3(c)(ii) of Ordinance No. 440, the Assistant County Executive Officer/Human Resources Director is authorized to add the following classification(s) to Appendix II, operative the beginning of the pay period following approval, as follows:

Job Code	+/-	Class Title
73863	+	Director of Population Health

Attachment I

BE IT FURTHER RESOLVED that pursuant to Section 8(c) of Ordinance No. 440, the Assistant County Executive Officer/Human Resources Director is authorized to amend the Class and Salary Listing of Ordinance No. 440, operative the beginning of the pay period following approval, as follows:

<u>Job Code</u>	<u>Class Title</u>	<u>From Salary Plan/Grade</u>	<u>To Salary Plan/Grade</u>
73968	Chief Nursing Officer	XMB 199/L23	XMB 203/L17
74135	Medical Center Chief Operating Officer	XMB 185/L23	XMB 223/L17
74095	RUHS Foundation Executive Director	MRP 796/L19	MRP 880/L18

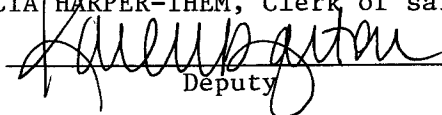
ROLL CALL:

Ayes: Jeffries, Tavaglione, Washington, Benoit and Ashley
Nays: None
Absent: None

The foregoing is certified to be a true copy of a resolution duly adopted by said Board of Supervisors on the date therein set forth.

KECIA HARPER-IHEM, Clerk of said Board

By


Deputy

/kc
08/19/2015
440 Resolutions\KC



CLINICAL DOCUMENTATION IMPROVEMENT SPECIALIST

Class Code: 13407

COUNTY OF RIVERSIDE

Established Date: Sep 3, 2015

Revision Date: Sep 3, 2015

SALARY RANGE

\$39.85 - \$54.85 Hourly

\$6,906.52 - \$9,506.59 Monthly

\$82,878.22 - \$114,079.06 Annually

CLASS CONCEPT:

Under direction, reviews inpatient and outpatient medical-record documentation to assure completeness, clarity, accuracy, and overall quality in accordance with Coding and Clinical Documentation Improvement goals. This class is responsible for concurrent clinical documentation review with an emphasis on completeness and accuracy of healthcare provider documentation related to type of medical services provided and the level of patient illness severity upon hospitalization and throughout patient stay; and performs other related duties as required.

The Clinical Documentation Improvement (CDI) Specialist class, reporting to the Health Information Manager, is experienced in clinical documentation review, capable of implementing methods of improving the accuracy, specificity, and completeness of patient-care documentation. The major role of a CDI Specialist is to serve as institutional subject matter expert and as a resource for interpretation and application of coding rules and regulations; and, when necessary, write physician queries to obtain additional documentation or clarification. The incumbent provides guidance to physicians, clinicians, and coders regarding documentation requirements. A CDI Specialist is expected to possess an in-depth understanding of the substantive contents of a medical record, including extensive knowledge of a wide variety of specialized medical terminology, as well as medical diagnosis, treatment plans, and protocols.

REPRESENTATION UNIT: Professional

EXAMPLES OF ESSENTIAL DUTIES:

(Depending on the area of assignment, duties may include, but are not limited to, the following)

- Complete admission reviews of patients' records within 24-hours of admission to evaluate and analyze documentation in order to assign the principal diagnosis, pertinent secondary diagnoses, and procedures for accurate and optimal CMS-Diagnostic Related Group (CMS-DRG) assignment.
- Initiate and perform concurrent documentation reviews of selected inpatient and outpatient records to clarify conditions/diagnoses and procedures where inadequate or conflicting documentation exists, and conduct follow-up reviews as necessary.
- Develop and implement methods of improving the clarity, accuracy, and completeness of clinical documentation; monitor and evaluate coding outcomes and provide periodic status to medical center departments and committees.
- Communicate with and serve as a resource for physicians, nurses, and other healthcare providers to facilitate complete and accurate documentation of the patient record; query physicians regarding missing, unclear, or conflicting medical record documentation and obtain additional documentation; keep physician leaders informed of pertinent data, documentation trends, and opportunities for learning and improvement

Attachment A

related to documentation integrity.

- Code a wide variety of procedures and primary and secondary diagnoses according to the applicable International Classification of Diseases (i.e., ICD-10-CM or subsequent adaptation) coding system and CPT-4 procedural coding system; prepare pertinent data from medical charts according to criteria established by the Office of State Wide Hospital Planning and Development (OSHPD) and the Medical Audit Committee or individual physicians for various studies, statistical indexing, and preparation of summary reports to various regulatory agencies.
- Collect data for performance improvement and report findings and outcomes; participate in the analysis and trending of statistical data for specified patient populations to identify opportunities for improvement.
- Participate in revenue cycle meetings, providing data relative to reimbursement concerns; educate physicians and healthcare providers regarding documentation matters related to coding, billing, and reimbursements.

RECRUITING GUIDELINES:

OPTION I

Education: Graduation from an accredited college or university with a Bachelor's degree in nursing.

Experience: Three years of Registered Nurse experience in an acute care hospital.

License/Certificate: Must possess and maintain a current valid license to practice as a Registered Nurse in the State of California.

Possession of valid Basic Life Support (BLS) Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) certificates issued by the American Heart Association for professional healthcare providers.

OPTION II

Education: Graduation from an accredited college or university with a Bachelor's degree in Health Information Management or Health Information Technology.

Experience: Four years of professional coding and abstracting medical records in an acute care hospital.

Certificate: Possession of valid certification as a Certified Coding Specialist (CCS), Registered Health Information Technician, or Registered Health Information Administrator issued by the American Health Information Management Association.

Knowledge of: Coding, abstracting, and terminology systems such as: International Classification of Diseases, Clinically Modified (ICD-10), and Current Procedural Terminology (CPT- 4); comprehensive medical terminology covering a wide variety of medical specialties; clinical documentation standards; federal, state, and local laws and regulations governing professional aspects of nursing; payor source documentation requirements and governmental regulations affecting reimbursement.

Ability to: Analyze and interpret the technical elements of a medical chart; analyze, code, and abstract complex technical data from medical records covering a wide variety of medical specialties utilizing an encoder and electronic abstracting system; prepare and maintain concise and complete records and reports; establish and maintain effective working relationships with physicians, patients and fellow employees; effective communication skills.

OTHER REQUIREMENTS:

License: Possession of a valid California Driver's License may be required of some positions in this class.

Attachment A

PRE-EMPLOYMENT:

All employment offers are contingent upon successful completion of both a pre-employment physical exam, including a drug/alcohol test, and a criminal background investigation, which involves fingerprinting. (A felony or misdemeanor conviction may disqualify the applicant from County employment.)

PROBATIONARY PERIOD:

As an Approved Local Merit System, all County of Riverside employees, except those serving "At Will," are subject to the probationary period provisions as specified in the applicable Memorandum of Understanding, County Resolution, or Salary Ordinance. Temporary and Per Diem employees serve at the pleasure of the agency/department head.



DIRECTOR OF CASE MANAGEMENT AND UTILIZATION REVIEW

Class Code: 13409

COUNTY OF RIVERSIDE

Established Date: Sep 3, 2015

Revision Date: Sep 3, 2015

SALARY RANGE

\$40.14 - \$66.47 Hourly

\$6,957.76 - \$11,521.69 Monthly

\$83,493.02 - \$138,260.30 Annually

CLASS CONCEPT:

Under general direction, plans, administers, manages, and evaluates the operations of the Riverside University Health System (RUHS) Case Management Department, including discharge planning, utilization review and quality improvement related to care coordination across the continuum of care; and performs other related duties as required.

The Director of Case Management and Utilization Review is a single-position class reporting to the Medical Center Revenue Cycle Director and has responsibility for the organization and coordination of RUHS case management and utilization review activities. This class is characterized by the responsibility for planning, organizing, staffing, budgeting, and directing the accomplishment of RUHS' Case Management short-term and long-term nursing service objectives.

This class has been deemed eligible for the Performance Recognition Plan as set forth under Article 3, Section 311(C) of the County Management Resolution. Program eligibility requires employees to be in a leadership position, manage other employees or programs, and have significant influence on the achievement of organizational objectives.

REPRESENTATION UNIT: Management

EXAMPLES OF ESSENTIAL DUTIES:

(Depending on the area of assignment, duties may include, but are not limited to, the following)

- Direct, plan, develop, and evaluate the case management and utilization review activities related to safe, timely, efficient, and effective discharge planning within all areas of RUHS.
- Develop standards for case management and utilization review, policies and procedures to guide medical and nursing staff regarding referrals, medical necessity, admission/discharge/transfer process, and other utilization management activities; develop performance improvement plans; monitor quality indicators for care coordination, utilization review, and discharge planning.
- Collaborate with physicians and nursing managers to develop and implement case management/utilization review plans in compliance with federal and state laws and regulations, and with accrediting agencies.
- Ensure staff and processes are maintained for appropriateness of admissions and inter-institutional transfers with related fiscal approvals for reimbursement or applications for emergency Medi-Cal; ensure access to social services support for patients and their families.

Attachment B

- Design, recommend, and initiate cost-effective approaches to discharge planning to reduce length of stay and to optimize quality outcomes that balance utilization management and fiscal reimbursement; develop and implement action plans to optimize hospital reimbursement in collaboration with related departments.
- Administer general personnel management matters and actions; resolve problems involving grievances and discipline.
- Supervise, recruit, select, assign, orient, and evaluate performance of staff; assess staff competency, especially in performing clinical procedures; assess developmental needs of staff and provide training opportunities; counsel staff on performance expectations and discrepancies.
- Participate in RUHS committees and processes focused on decreasing hospital length of stay and increasing efficiency.
- Participate in strategic planning for the organization and align departmental goals and objectives with the mission, vision, and values of the organization.
- Actively participate in local and national organizations to represent RUHS.
- Maintain daily work assignments and attendance records.
- Direct the preparation of budgets for assigned areas and integrate with organizational budgets; accountable for budget and personnel resource requests.
- Maintain records and present oral and written reports.
- Investigate complaints regarding patient care and staff.

RECRUITING GUIDELINES:

Education: Graduation from an accredited college or university with a Bachelor's degree in nursing, public, business or health administration, or a closely related field. A Master's degree in nursing, or business or health administration is preferred.

Experience: Three years of nursing management experience in an accredited acute care hospital. Professional experience in case management and utilization review in a hospital strongly preferred.

Knowledge of: Principles and practices of nursing and patient care services for care management, discharge planning, utilization review, social work, and quality improvement related to care coordination across the continuum of care in an acute healthcare organization; Joint Commission, state and federal laws and regulations related to case management and reimbursements; InterQual clinical criteria system; principles and techniques of effective supervision, management, and administration.

Ability to: Clearly and effectively communicate verbally and in writing with staff and the public; plan, organize, direct, coordinate, and review the activities of operating room/perioperative nursing services; supervise, instruct, motivate, monitor, train, and evaluate professional and nonprofessional employees; recommend improvements in nursing operations consistent with current nursing trends; establish and maintain systems of records and reports; establish and maintain cooperative relationships with staff and the public.

OTHER REQUIREMENTS:

License/Certificate: Possession of a current license to practice as a Registered Nurse in the State of California.

Attachment B

Case Manager Certification required.

PRE-EMPLOYMENT:

All employment offers are contingent upon successful completion of both a pre-employment physical exam, including a drug/alcohol test, and a criminal background investigation, which involves fingerprinting. (A felony or misdemeanor conviction may disqualify the applicant from County employment.)

PROBATIONARY PERIOD:

As an Approved Local Merit System, all County of Riverside employees, except those serving "At Will," are subject to the probationary period provisions as specified in the applicable Memorandum of Understanding, County Resolution, or Salary Ordinance. Temporary and Per Diem employees serve at the pleasure of the agency/department head.



DIRECTOR OF EMERGENCY DEPARTMENT

Class Code: 74071

COUNTY OF RIVERSIDE

Established Date: Sep 3, 2015

Revision Date: Sep 3, 2015

SALARY RANGE

\$40.14 - \$66.47 Hourly

\$6,957.76 - \$11,521.69 Monthly

\$83,493.02 - \$138,260.30 Annually

CLASS CONCEPT:

Under general direction, directs the Riverside University Medical Center (RUMC) Emergency Department (ED) administrative, clinical, and nursing services on a 24-hour basis; and performs other related duties as required.

The Director of Emergency Department is a single-position class reporting to the Assistant Chief Nursing Officer and has responsibility for the organization and coordination of the RUMC ED administrative, clinical, and nursing operations and services. This class is characterized by the responsibility for 24/7 patient care delivery as well as planning, organizing, staffing, budgeting, and directing the accomplishment of RUMC ED's short-term and long-term nursing service objectives.

The Director of Emergency Department is distinguished from the class of Assistant Chief Nursing Officer by the latter's capacity to serve as the principal assistant to the Chief Nursing Officer.

This class has been deemed eligible for the Performance Recognition Plan as set forth under Article 3, Section 311(C) of the County Management Resolution. Program eligibility requires employees to be in a leadership position, manage other employees or programs, and have significant influence on the achievement of organizational objectives.

REPRESENTATION UNIT: Management

EXAMPLES OF ESSENTIAL DUTIES:

(Depending on the area of assignment, duties may include, but are not limited to, the following)

- Determine the appropriate organizational structure, staffing patterns, and nursing methods and operations necessary to deliver quality and safe patient care.
- Collaborate with the Assistant Chief Nursing Officer in developing and implementing RUMC ED goals, policies and procedures, department-specific performance improvement, and patient safety and reliability programs; collaborate with physicians, nursing, and interdisciplinary teams on applying best nursing practices and standards to achieve positive patient outcomes in the ED.
- Interpret and communicate nursing and organizational philosophy and objectives, and department policies and procedures; conduct regular conferences with staff to discuss policies and procedures, and evaluate personnel and unit needs; advise and guide supervisors in administrative and personnel matters, and in interpreting and enforcing County and hospital policies, rules, regulations, and procedures; participate in formulating and enforcing nursing rules, regulations, and policies.

Attachment C

- Ensure ED nursing services are survey-ready at all times and in compliance with standards of Joint Commission, federal and state regulatory agencies, as well as with organization-wide benchmark criteria; evaluate and initiate corrective action regarding operational compliance with licensure, accreditation, and regulatory standards.
- Administer general personnel management matters and actions; resolve problems involving grievances and discipline; work with the Assistant Chief Nursing Officer in scheduling personnel.
- Supervise, recruit, select, assign, orient, and evaluate performance of staff; assess staff competency, especially in performing clinical procedures; assess developmental needs of staff and provide training opportunities; verify validity of staff licensure; ensure staff compliance with body substance precautions and other infection control guidelines; counsel staff on performance expectations and discrepancies.
- Participate in strategic planning for the organization and nursing services; align departmental goals and objectives with the mission, vision, and values of the organization.
- Evaluate the quality of nursing care and the ED operations; keep informed of the condition of patients' and of unusual treatments, medications, or occurrences; make nursing evaluation rounds; receive reports of patients' admissions, discharges, and transfers.
- Actively participate in local and national organizations to represent RUMC.
- Maintain daily work assignments and attendance records.
- Direct the preparation of budgets for assigned areas, integrate with organizational budgets, and accountable for budget and personnel resource requests.
- Maintain records and present oral and written reports.
- Investigate complaints regarding patient care and staff.

RECRUITING GUIDELINES:

Education: Graduation from an accredited college or university with a Bachelor's degree in nursing, public, business, or health administration, or a closely related field. A Master's degree in nursing, or business or health administration is preferred.

Experience: Three years of nursing management experience in an accredited acute care hospital. Experience managing an Emergency Department nursing strongly preferred.

Knowledge of: Current principles, techniques, and procedures of nursing care for patients; Joint Commission, and federal and state regulations related to emergency department nursing services; quality, patient safety and performance improvement programs, peer review, and legal aspects of care; uses and effects of medicines and narcotics; principles and techniques of effective supervision, management, and administration.

Ability to: Clearly and effectively communicate verbally and in writing with staff and the public; plan, organize, direct, coordinate, and review the activities of operating room/perioperative nursing services; supervise, instruct, motivate, monitor, train, and evaluate professional and nonprofessional employees; plan for future needs of nursing services in terms of personnel, equipment, and supplies; recommend improvements in nursing operations consistent with current nursing trends; establish and maintain systems of records and reports; establish and maintain cooperative relationships with staff and the public.

OTHER REQUIREMENTS:

License/Certificate: Possession of a current license to practice as a Registered Nurse in the State of California.

Attachment C

Certified Emergency Nurse certification is preferred.

PRE-EMPLOYMENT:

All employment offers are contingent upon successful completion of both a pre-employment physical exam, including a drug/alcohol test, and a criminal background investigation, which involves fingerprinting. (A felony or misdemeanor conviction may disqualify the applicant from County employment.)

PROBATIONARY PERIOD:

As an Approved Local Merit System, all County of Riverside employees, except those serving "At Will," are subject to the probationary period provisions as specified in the applicable Memorandum of Understanding, County Resolution, or Salary Ordinance. Temporary and Per Diem employees serve at the pleasure of the agency/department head.



DIRECTOR OF HEALTH INFORMATION

Class Code: 76399

COUNTY OF RIVERSIDE

Established Date: Sep 3, 2015

Revision Date: Sep 3, 2015

SALARY RANGE

\$48.49 - \$64.96 Hourly

\$8,405.16 - \$11,258.92 Monthly

\$100,861.90 - \$135,107.02 Annually

CLASS CONCEPT:

Under general direction, plans, directs, and supervises the acquisition, analyses, storage, retrieval, and reporting of patient medical information at the Riverside University Health System (RUHS); and performs other related duties as required.

The Director of Health Information is a single position class and reports to the Medical Center Revenue Cycle Director or to an appropriate Senior Management position. This class is characterized by the responsibility for the overall management and securing of patient health information, clinical documentation improvement, patient data archiving and chart completion, abstracting and coding, medical transcription, and the electronic warehousing of patient health information.

This class has been deemed eligible for the Performance Recognition Plan as set forth under Article 3, Section 311(C) of the County Management Resolution. Program eligibility requires employees to be in a leadership position, manage other employees or programs, and have significant influence on the achievement of organizational objectives.

REPRESENTATION UNIT: Management

EXAMPLES OF ESSENTIAL DUTIES:

(Depending on the area of assignment, duties may include, but are not limited to, the following)

- Develop and implement policies and procedures for RUHS health information services including electronic warehousing and retrieval, archiving and chart completion, abstracting and coding, medical transcription, and clinical documentation of patient health information.
- Ensure the management of patient health information meets standards of accrediting and regulatory agencies; respond to the data needs of physicians and healthcare providers, administrators, patients and their families, health insurance or managed care providers, attorneys and governmental agencies.
- Develop, maintain, and monitor, through subordinate supervisors, quality control systems to ensure the accuracy, completeness, and internal consistency in the documentation of patient medical diagnoses, treatment, and intervention; ensure confidentiality and security of patient health information in accordance with pertinent Joint Commission, HIPAA Privacy, federal and state regulations, and established legal requirements.
- Select, train, assign, discipline, and evaluate the work of staff; ensure staff compliance to RUHS policies and procedures related to management of patient health information.
- Manage, through subordinate supervisors, the operation of the hospital medical library, tumor registry, and release of patient health information.

Attachment D

- Prepare and monitor operating and capital expense budgets; evaluate staffing, equipment, service, and supply needs.
- Develop and prepare statistical medical records reports for RUHS Administration, medical staff, and other departments.
- Develop and implement training programs to medical staff and health care providers regarding the technical and legal aspects of medical records/patient health information.

RECRUITING GUIDELINES:

Education: Graduation from an accredited college or university, preferably with a major in business or healthcare administration, or in a field closely related to health information systems. (Additional qualifying experience may substitute for the required education on the basis of 30 semester or 45 quarter units equaling one year of full-time experience.

Experience: Four years of responsible experience in hospital or health system medical records or health information management system, including two years or supervisory experience.

Knowledge of: Principles of effective personnel management and supervision; principles and practices of medical records management; International Classification of Diseases 10th Edition Clinical Modification System, (ICD-10-CM); current CPT4 procedural coding system and Diagnostic Related Group system; abstracting and health information management systems; Joint Commission, Centers for Medicaid and Medicare, HIPAA, other federal and state laws, regulations and standards related to the management of medical records or patient health information.

Ability to: Plan, direct, coordinate, and supervise the work of subordinate staff; comprehend, interpret and apply various laws, rules, and regulations related to medical records or patient health information systems; analyze medical records management and personnel problems; evaluate and maintain effective working relationships; prepare clear and concise written and oral reports.

OTHER REQUIREMENTS:

License/Certificate: Current registration as a Registered Health Information Administrator (RHIA) with the American Health Information Management Association.

OR

Registered Health Information Technician (RHIT) with the American Health Information Management Association.

Possession of a valid California Driver's License may be required.

PRE-EMPLOYMENT:

All employment offers are contingent upon successful completion of both a pre-employment physical exam, including a drug/alcohol test, and a criminal background investigation, which involves fingerprinting. (A felony or misdemeanor conviction may disqualify the applicant from County employment.)

PROBATIONARY PERIOD:

As an Approved Local Merit System, all County of Riverside employees, except those serving "At Will," are subject to the probationary period provisions as specified in the applicable Memorandum of Understanding, County Resolution, or Salary Ordinance. Temporary and Per Diem employees serve at the pleasure of the agency/department head.



DIRECTOR OF OPERATING ROOM SERVICES

Class Code: 74072

COUNTY OF RIVERSIDE

Established Date: Sep 3, 2015

Revision Date: Sep 3, 2015

SALARY RANGE

\$40.14 - \$66.47 Hourly

\$6,957.76 - \$11,521.69 Monthly

\$83,493.02 - \$138,260.30 Annually

CLASS CONCEPT:

Under general direction, directs the Riverside University Medical Center (RUMC) Operating Room administrative, clinical, and nursing services on a 24-hour basis; and performs other related duties as required.

The Director of Operating Room Services is a single-position class reporting to the Assistant Chief Nursing Officer and has responsibility for the organization and coordination of the medical center Operating Room administrative, clinical, and nursing operations and services. This class is characterized by the responsibility for planning, organizing, staffing, budgeting, and directing the accomplishment of RUMC Operating Room's short-term and long-term nursing service objectives.

The Director of Operating Room Services is distinguished from the class of Assistant Chief Nursing Officer by the latter's capacity to serve as the principal assistant to the Chief Nursing Officer.

This class has been deemed eligible for the Performance Recognition Plan as set forth under Article 3, Section 311(C) of the County Management Resolution. Program eligibility requires employees to be in a leadership position, manage other employees or programs, and have significant influence on the achievement of organizational objectives.

REPRESENTATION UNIT: Management

EXAMPLES OF ESSENTIAL DUTIES:

(Depending on the area of assignment, duties may include, but are not limited to, the following)

- Determine the appropriate organizational structure, staffing patterns, and nursing methods and operations necessary to deliver quality and safe patient care.
- Collaborate with the Assistant Chief Nursing Officer in developing and implementing RUMC Operating Room Services goals, policies and procedures, department-specific performance improvement, and patient safety and reliability programs; collaborate with physicians, nursing, and interdisciplinary teams on applying best nursing practices and standards to achieve positive patient outcomes in the operating room.
- Interpret and communicate nursing and organizational philosophy and objectives, and department policies and procedures; conduct regular conferences with staff to discuss policies and procedures, and evaluate personnel and unit needs; advise and guide supervisors in administrative and personnel matters, and in interpreting and enforcing County and hospital policies, rules, regulations, and procedures; participate in formulating and enforcing nursing rules, regulations, and policies.
- Ensure that perioperative and surgical nursing services are survey-ready at all times and in compliance with standards of Joint Commission, federal and state regulatory agencies, as well as with organization-

Attachment E

wide benchmark criteria; evaluate and initiate corrective action regarding operational compliance with licensure, accreditation, and regulatory standards.

- Administer general personnel management matters and actions; resolve problems involving grievances and discipline; work with the Assistant Chief Nursing Officer in scheduling personnel.
- Supervise, recruit, select, assign, orient, and evaluate performance of staff; assess staff competency, especially in performing clinical procedures; assess developmental needs of staff and provide training opportunities; verify validity of staff licensure; ensure staff compliance with body substance precautions and other infection control guidelines; counsel staff on performance expectations and discrepancies.
- Participate in strategic planning for the organization and for nursing services; align departmental goals and objectives with the mission, vision, and values of the organization.
- Evaluate the quality of nursing care and operating room operations; keep informed of the condition of patients' and of unusual treatments, medications, or occurrences; make nursing evaluation rounds; receive reports of patients' admissions, discharges, and transfers.
- Actively participate in local and national organizations to represent RUMC.
- Maintain daily work assignments and attendance records.
- Direct the preparation of budgets for assigned areas, integrate with organizational budgets, and accountable for budget and personnel resource requests.
- Maintain records and present oral and written reports.
- Investigate complaints regarding patient care and staff.

RECRUITING GUIDELINES:

Education: Graduation from an accredited college or university with a Bachelor's degree in nursing, public, business, or health administration, or a closely related field. A Master's degree in nursing, or business or health administration is preferred.

Experience: Three years of nursing management experience in an accredited acute care hospital. Experience managing operating room/perioperative nursing services in a hospital strongly preferred.

Knowledge of: Current principles, techniques, and procedures of nursing care for patients requiring surgical intervention; Joint Commission, federal and state regulations related to operating/perioperative nursing services; quality, patient safety and performance improvement programs, peer review, and legal aspects of care; uses and effects of medicines and narcotics; principles and techniques of effective supervision, management, and administration.

Ability to: Clearly and effectively communicate verbally and in writing with staff and the public; plan, organize, direct, coordinate, and review the activities of operating room/perioperative nursing services; supervise, instruct, motivate, monitor, train, and evaluate professional and nonprofessional employees; plan for future needs of nursing services in terms of personnel, equipment, and supplies; recommend improvements in nursing operations consistent with current nursing trends; establish and maintain systems of records and reports; establish and maintain cooperative relationships with staff and the public.

OTHER REQUIREMENTS:

License/Certificate: Possession of a current license to practice as a Registered Nurse in the State of California.

CNOR specialty certification preferred.

Attachment E

PRE-EMPLOYMENT:

All employment offers are contingent upon successful completion of both a pre-employment physical exam, including a drug/alcohol test, and a criminal background investigation, which involves fingerprinting. (A felony or misdemeanor conviction may disqualify the applicant from County employment.)

PROBATIONARY PERIOD:

As an Approved Local Merit System, all County of Riverside employees, except those serving "At Will," are subject to the probationary period provisions as specified in the applicable Memorandum of Understanding, County Resolution, or Salary Ordinance. Temporary and Per Diem employees serve at the pleasure of the agency/department head.



DIRECTOR OF POPULATION HEALTH

Class Code: 73863

COUNTY OF RIVERSIDE

Established Date: Sep 3, 2015

Revision Date: Sep 3, 2015

SALARY RANGE

\$76.79 - \$115.83 Hourly
\$12,286.40 - \$20,078.00 Monthly
\$159,717 - \$240,935.97 Annually

CLASS CONCEPT:

Under administrative direction, plans, organizes, coordinates, and directs all Population Health activities at Riverside University Health System (RUHS); develops, implements, and monitors strategies to achieve population health goals in Riverside County; and performs other related duties as required.

The Director of Population Health is a single-position class reporting to the Assistant County Executive Officer – Health System and directs the overall Population Health operations through administrative, medical, and technical staff. This class is characterized by the responsibility for the development, implementation, coordination, evaluation of organizational strategies, policies and processes to improve the general health and well-being of Riverside County residents, enhance patient care experience, and reduce healthcare costs.

This class has been designated At-Will by the Board of Supervisors, in accordance with the provisions provided under Article 6, Section 601E (2) of the County Management Resolution and serves at the pleasure of the Assistant County Executive Officer – Health System.

This class has been deemed eligible for the Performance Recognition Plan as set forth under Article 3, Section 311(B) of the County Management Resolution. Program eligibility requires employees to be in a leadership position, manage other employees or programs, and have significant influence on the achievement of organizational objectives.

REPRESENTATION UNIT: Management

EXAMPLES OF ESSENTIAL DUTIES:

(Depending on the area of assignment, duties may include, but are not limited to, the following)

- Provide executive leadership and advisory services for strategy development to ensure a shared vision for implementing Population Health programs and activities in the Affordable Care Act environment across all County departments and, in concert with, community stakeholders.
- Direct and coordinate the development and implementation of RUHS Population Health programs, products, and services that encompass clinical, operations, strategy, business intelligence, regulatory, governance, and technology functional areas.
- Collaborate with County and community healthcare leaders and providers to improve population health outcomes through expansion of healthcare access and capacity, including patient-centered medical home, integration of care and disease management protocols, and promotion of health and wellness programs/offerings.

Attachment F

- Develop, implement, and revise policies and procedures to ensure the delivery of community-wide safe, high quality, and cost effective patient care.
- Establish measurable criteria, using analytics and metrics, to evaluate the effectiveness of ambulatory and acute care operations, care coordination, and the accomplishment of population health and cost-containment objectives.
- Direct and participate in the preparation, justification, and monitoring of the Population Health program budget.
- Keep abreast of federal, state, and other governmental agency laws, rules, and regulations applicable to population health; maintain expertise in Joint Commission standards and National Patient Safety Goals; interpret policies and legal requirements and ensure that the Population Health program is within guidelines.
- Coordinate Population Health activities with management staff of other RUHS departments; direct the preparation and maintenance of Population Health related records, reports, and statistics.
- Establish and maintain effective working relationships with staff, physicians, RUHS, County and community leaders, volunteer groups, and other agencies.
- Represent the RUHS at meetings relative to population health.

RECRUITING GUIDELINES:

Education: Graduation from an accredited college or university with a Master's degree in nursing, nursing administration, public health or public health administration, or a closely related field. Completion of a Doctorate degree in a related field from an accredited university is preferred.

Experience: Ten years of experience in nursing or healthcare in an accredited acute care hospital or health system that must have included a minimum of six years in a managerial or administrative capacity. Experience in data analytics focusing on population health management, care management, clinical pathways, risk-stratification, and patient experience is preferred.

Knowledge of: Population health based models for medical homes, maternal child health, chronic disease management and control, community health improvement; healthcare delivery systems; community health needs assessment of diverse population; Federal Healthcare Reform and National Strategy for Health promotion and disease prevention; principles and practices of administration, management, budgeting, and supervision; laws, rules, regulations, and Joint Commission standards applicable to Population Health programs.

Ability to: Plan, organize, coordinate, develop, and direct the Population Health program for a large health system; evaluate the quality, effectiveness, and financial efficiency of the Population Health program; plan, formulate, and implement methods and procedures to improve areas requiring attention; analyze situations accurately and take effective actions; comprehend, interpret, and apply laws, rules, regulations, and procedures affecting nursing services; establish and maintain effective working relationships with staff, physicians, other departments and agencies, and the general public; prepare clear and comprehensive written reports.

OTHER REQUIREMENTS:

License: Possession of a current license to practice as a Registered Nurse or Public Health Nurse in the State of California.

PRE-EMPLOYMENT:

All employment offers are contingent upon successful completion of both a pre-employment physical exam, including a drug/alcohol test, and a criminal background investigation, which involves

Attachment F

fingerprinting. (A felony or misdemeanor conviction may disqualify the applicant from County employment.)

PROBATIONARY PERIOD:

As an Approved Local Merit System, all County of Riverside employees, except those serving "At Will," are subject to the probationary period provisions as specified in the applicable Memorandum of Understanding, County Resolution, or Salary Ordinance. Temporary and Per Diem employees serve at the pleasure of the agency/department head.



MEDICAL STAFF SERVICES MANAGER

Class Code: 73866

COUNTY OF RIVERSIDE

Established Date: Sep 3, 2015

Revision Date: Sep 3, 2015

SALARY RANGE

\$45.64 - \$59.52 Hourly

\$7,910.33 - \$10,316.66 Monthly

\$94,923.92 - \$123,799.94 Annually

CLASS CONCEPT:

Under general direction, plans, organizes, coordinates, and directs the administrative service functions of the Riverside University Medical Center (RUMC) medical staff; and performs other related duties as required.

The Medical Staff Services Manager is a single-position class reporting to the Chief Medical Officer and has responsibility for coordinating and supervising the administrative medical staff activities. This class is characterized by the responsibility for supervision of medical staff administrative personnel and operations, which include, but is not limited to, credentialing and privileging of regular and contract physicians and allied health providers for RUMC.

This class has been deemed eligible for the Performance Recognition Plan as set forth under Article 3, Section 311(C) of the County Management Resolution. Program eligibility requires employees to be in a leadership position, manage other employees or programs, and have significant influence on the achievement of organizational objectives.

REPRESENTATION UNIT: Management

EXAMPLES OF ESSENTIAL DUTIES:

(Depending on the area of assignment, duties may include, but are not limited to, the following)

- Plan, organize, and coordinate administrative and a variety of operational activities in RUMC Medical Staff Department including such support activities as procurement, budget preparation, and personnel activities; conduct analytical studies; resolve complex department administrative and personnel problems.
- Interview, hire, train, and evaluate the performance of subordinate staff; represent the department on grievances and disciplinary matters.
- Coordinate medical staff activities and act as liaison between the medical staff and RUMC administration.
- Supervise and coordinate the credentialing and privileging activities for physicians and allied health providers; ensure timeliness and accuracy of the medical staff credentialing processes.
- Work with medical staff leadership and hospital clinical staff for the approval and ongoing review of the credentials for physician and healthcare mid-level providers; ensure medical staff initial appointments and re-appointments are processed in a timely manner and meet pertinent legal and regulatory requirements.

Attachment G

- Responsible for the coordination of monthly Medical Executive Committee (MEC) meetings, including agenda preparation, recording of MEC actions, and monitoring of the implementation of MEC recommendations.
- Develop, implement, and revise by-laws of the Medical Staff/Executive Committee; ensure that department policies, procedures, and by-laws are compliant with standards and regulations of Joint Commission, Accreditation Council for Graduate Medical Education (ACGME), National Committee for Quality Assurance, and with state and federal regulatory organizations.
- Evaluate effectiveness of all Medical Staff Department programs, analyze trends, and implement changes as required; ensure Medical Staff Services productivity standards, goals, and objectives are achieved.

RECRUITING GUIDELINES:

Education: Graduation from an accredited college or university with a Bachelor's degree, preferably with a major in business or healthcare administration, or a closely related field. (Additional qualifying experience may be substituted for the required college education on the basis of 30 semester or 45 quarter units equaling one year of full-time experience.)

Experience: Three years of experience in an administrative or staff capacity, which must have included at least two years of experience supervising professional and technical staff in medical staff services. (Possession of a Master's degree from an accredited college or university in business or healthcare administration, or a closely related field may substitute for up to two years of the required experience on the basis of 30 semester or 45 quarter units equaling one year of full-time experience.)

Knowledge of: The principles, methods, and techniques of medical staff services administration and organization; Joint Commission, state and federal regulatory organizations, ACGME, and National Committee for Quality Assurance regulations and standards related to medical staff services; procedures and standards for the credentialing and privileging of physicians and allied health professionals for hospitals or health systems.

Ability to: Plan, organize, and direct the work of medical staff services; analyze and evaluate operational programs, projects, and procedures; plan, organize, coordinate, and supervise processes and procedures; establish and maintain effective working relationships with staff, physicians, managers, and the general public; write concise and accurate Requests for Proposals/Quotes, reports, and correspondence.

OTHER REQUIREMENTS:

License/Certification: Certified Professional in Medical Services Management or Certified Provider Credentialing Specialist is required.

Possession of a valid California Driver's License may be required.

PRE-EMPLOYMENT:

All employment offers are contingent upon successful completion of both a pre-employment physical exam, including a drug/alcohol test, and a criminal background investigation, which involves fingerprinting. (A felony or misdemeanor conviction may disqualify the applicant from County employment.)

PROBATIONARY PERIOD:

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Attachment H - Market Survey

Classification Title	County of Riverside - Proposed Salary	Santa Clara County		Los Angeles County		Loma Linda Univ. Medical Center		Hospital Assoc. of Southern California		Average Salary	
		Min Annual Salary	Max Annual Salary	Min Annual Salary	Max Annual Salary	Min Annual Salary	Max Annual Salary	Min Annual Salary	Max Annual Salary	Min Annual Salary	Max Annual Salary
Clinical Documentation Improvement Specialist	\$ 82,878	\$ 114,079	\$ 134,399			\$ 78,312	\$ 110,556			\$ 94,605	\$ 122,478
Director of Case Management and Utilization Review	\$ 83,493	\$ 138,260	\$ 197,856					\$ 97,120	\$ 147,220	\$ 125,762	\$ 172,538
Director of Emergency Department	\$ 83,493	\$ 138,260	\$ 197,856					\$ 99,670	\$ 155,410	\$ 127,037	\$ 176,633
Director of Health Information	\$ 100,862	\$ 135,107	\$ 138,912	\$ 96,829	\$ 127,000			\$ 88,970	\$ 139,410	\$ 100,016	\$ 135,107
Director of Operating Room Services	\$ 83,493	\$ 138,260	\$ 197,856					\$ 112,340	\$ 169,540	\$ 133,372	\$ 183,698
Medical Staff Services Manager	\$ 94,924	\$ 123,800						\$ 85,470	\$ 132,380	\$ 85,470	\$ 132,380
Chief Nursing Officer	\$ 159,717	\$ 240,936	\$ 253,660	\$ 141,048	\$ 213,472			\$ 150,560	\$ 227,800	\$ 163,100	\$ 231,644
Medical Center Chief Operating Officer	\$ 180,379	\$ 276,921	\$ 273,347	\$ 175,224	\$ 265,224			\$ 208,130	\$ 331,320	\$ 198,801	\$ 217,473
RUHS Foundation Executive Director	\$ 149,558	\$ 235,260						\$ 152,980	\$ 235,260	\$ 152,980	\$ 235,260

**Riverside County Board of Supervisors
Request to Speak**

Submit request to Clerk of Board (right of podium),
Speakers are entitled to three (3) minutes, subject
to Board Rules listed on the reverse side of this form.

SPEAKER'S NAME: Holmstrom

Address: _____
(only if follow-up mail response requested)

City: _____ **Zip:** _____

Phone #: _____

TAP employees

Date: _____ **Agenda #** 3-20

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

_____ **Support** _____ **Oppose** _____ **Neutral**

Note: If you are here for an agenda item that is filed
for "Appeal", please state separately your position on
the appeal below:

_____ **Support** _____ **Oppose** _____ **Neutral**

I give my 3 minutes to: _____

BOARD RULES

Requests to Address Board on "Agenda" Items:

You may request to be heard on a published agenda item. Requests to be heard must be submitted to the Clerk of the Board before the scheduled meeting time.

Requests to Address Board on items that are "NOT" on the Agenda:

Notwithstanding any other provisions of these rules, member of the public shall have the right to address the Board during the mid-morning "Oral Communications" segment of the published agenda. Said purpose for address must pertain to issues which are under the direct jurisdiction of the Board of Supervisors. YOUR TIME WILL BE LIMITED TO THREE (3) MINUTES.

Power Point Presentations/Printed Material:

Speakers who intend to conduct a formalized Power Point presentation or provide printed material must notify the Clerk of the Board's Office by 12 noon on the Monday preceding the Tuesday Board meeting, insuring that the Clerk's Office has sufficient copies of all printed materials and at least one (1) copy of the Power Point CD. Copies of printed material given to the Clerk (by Monday noon deadline) will be provided to each Supervisor. If you have the need to use the overhead "Elmo" projector at the Board meeting, please insure your material is clear and with proper contrast, notifying the Clerk well ahead of the meeting, of your intent to use the Elmo.

Individual Speaker Limits:

Individual speakers are limited to a maximum of three (3) minutes. Please step up to the podium when the Chairman calls your name and begin speaking immediately. Pull the microphone to your mouth so that the Board, audience, and audio recording system hear you clearly. Once you start speaking, the "green" podium light will light. The "yellow" light will come on when you have one (1) minute remaining. When you have 30 seconds remaining, the "yellow" light will begin flash, indicating you must quickly wrap up your comments. Your time is up when the "red" light flashes. The Chairman adheres to a strict three (3) minutes per speaker. **Note: If you intend to give your time to a "Group/Organized Presentation", please state so clearly at the very bottom of the reverse side of this form.**

Group/Organized Presentations:

Group/organized presentations with more than one (1) speaker will be limited to nine (9) minutes at the Chairman's discretion. The organizer of the presentation will automatically receive the first three (3) minutes, with the remaining six (6) minutes relinquished by other speakers, as requested by them on a completed "Request to Speak" form, and clearly indicated at the front bottom of the form.

Addressing the Board & Acknowledgement by Chairman:

The Chairman will determine what order the speakers will address the Board, and will call on all speakers in pairs. The first speaker should immediately step to the podium and begin addressing the Board. The second speaker should take up a position in one of the chamber aisles in order to quickly step up to the podium after the preceding speaker. This is to afford an efficient and timely Board meeting, giving all attendees the opportunity to make their case. Speakers are prohibited from making personal attacks, and/or using coarse, crude, profane or vulgar language while speaking to the Board members, staff, the general public and/or meeting participants. Such behavior, at the discretion of the Board Chairman may result in removal from the Board Chambers by Sheriff Deputies.