I. EXECUTIVE SUMMARY - MAJOR ACCOMPLISHMENTS

Deliverable #1: **COHE Implementation & On-going Work Plan**
- Development of Implementation & Ongoing Work Plan

Deliverable #2: **Provider Recruitment, Enrollment, and Training**
- COHE recruited and added 2 new APPs
- 4 voluntarily removed from the program
- Currently 334 APPs in program
- 26 APPs trained this quarter
- Trained 26 APPs this year

Deliverable #3: **COHE Advisors**
- 24 Advisors

Deliverable #4: **Health Services Coordinators (HSC)**
- Staffed with 3 trained HSCs

Deliverable #5: **Communication and Community Outreach**
- Continued work on process improvement (internal/external) catastrophic work injuries.
- Improved care coordination with internal VMC PCP providers to assist with obtaining surgery clearance.
- Update of our COHE website
- Development of chiropractic seminar with new L&I Chiropractic Director, Morgan Young DC

Deliverable #6: **Best Practices & Quality Improvement Methods**
- To develop a process to coordinate care between the COHE (VMC Occupational Health Services) Health Services Coordinator and Proliance Orthopedic Associates (POA) Surgical Health Services Coordinator. The goal is to assure that the injured worker receives seamless care coordination and planned services over the entire episode of care, consistent with Healthy Worker 2020 goals.

Deliverable #7: **Reports and Meetings**
- Internal Contract Planning Meetings Monthly
- Contract Meeting - Ongoing, as needed
- COHE Directors teleconference meeting

Deliverable #8: **Performance Monitoring and Annual Review**
- Performance Monitoring – Ongoing with LNI and COHE

Deliverable #9: **Technology**
- Update to Internal COHE website (directing to L&I site)
Executive Summary

Deliverable 1: COHE IMPLEMENTATION & ON-GOING WORK PLAN

Effective 7/1/18: Bridget Garner joined COHE Community in the Spokane office as the 9th HSC.
Effective 9/4/18: Tiffany Elkins joined COHE Community as the Health Service Coordinator Assistance.
- Tiffany is currently in training regarding provider relations coordination and assisting with low risk claim coverage.
Expansion into Klickitat and Skamania planned for Winter 2018/Spring 2019

Deliverable 2: PROVIDER RECRUITMENT, ENROLLMENT & TRAINING

Total Number of Providers Educated Contract YTD: 141
Total number of providers educated this quarter (no names)

Total Number of Providers Enrolled Contract YTD: 26
Total number of providers enrolled this quarter (no names)

Total Number of Providers Disenrolled Contract YTD: 25
Total number of providers disenrolled this quarter (no names)

Total Number of Providers: 1475
Total number of provider Contract YTD (no names)

Total % of Providers Educated: 9.6%
Total % of providers Contact YTD (no names)

Note: Names of providers and hours/credits need only be reported 1x per year (July report)

Deliverable 3: COHE ADVISORS

Advisor Meeting: 15 Advisors on the CCEW Committee
- First PAC meeting of the contract year is scheduled 10/18/18.
  - Topics to discuss are:
    - A Ways Advisors can review and bill for their services on claims they are not attending the Attending Provider on
    - In-Service Educations for the HSC’s
    - QI 2018/2019 proposal to LNI

Deliverable 4: HEALTH SERVICES COORDINATION

Current HSC staffing:
- 9 FTE HSC’s
- 1 FTE HSCA, assisting 25% of time assisting low risk claims

HSC’s averaged 97% claim work vs 3% Provider outreach and education
Accomplishments:
Collaboration example from Early Return to Work and Health Services Coordinator:

- Collaboration with ERTW regarding an injured worker who is monolingual in Spanish. The ERTW staff member contacted the HSC who they knew to have bilingual background in Spanish. ERTW asked for assistance in explaining the L&I process to the injured worker, as the staff member had spoken with the injured worker through an interpreter but did not feel that the injured worker understood what the staff member wanted communicated and what was needed to move her claim forward. The HSC agreed to contact the injured worker. After speaking with the injured worker in Spanish the HSC was able to explain the next steps needed to assist with the claim which included contacts for a follow up appointment from the ED.

- The worker did call back the following week and let the HSC know that she had been seen by a primary and that a new referral had been made to the same surgeon's office. The ERTW staff member was notified of the outcome. The ERTW staff was grateful and indicated it was nice that we could collaborate together to assist this injured worker.

Expansion of COHE in Southeast Washington

- An opportunity was identified for injured workers who need follow up treatment with orthopedic specialties in one of the rural communities near Spokane. A HSC was able to meet with one of the Surgeons in the region and was given the opportunity to educate on COHE services. During this education, the HSC met with executive leadership and was able to expand the leadership’s knowledge and the benefits COHE has to offer. COHE has no contracted with orthopedic specialties in Southern Washington to help further assist with injured workers coordination of care.

Brief description of HSC activities, milestones, accomplishments, process improves, etc.

Deliverable 5: COMMUNICATIONS & COMMUNITY OUTREACH

ERTW meetings for Region 5 & 6
- Ongoing bi annual meeting with Region 6, March 2018 & September 2018
- Ongoing quarterly meetings with Region 5, March 2018, July 2018, October 2018, January 2018

Ongoing staffing meetings with contracted facilities regarding complex claims- meetings are scheduled monthly
- Multiple collaboration efforts have been made in Yakima and Spokane County with contracted facilities in regards to ongoing claim review and best practices.

COHE Education for contract Residency Programs in Eastern Washington.
- The hope is to have new providers familiar with the LNI process and a better understanding of measurements for completeness with forms.
- Once in practice, the providers can be knowledgeable of COHE services and best practices.
  - Kari Isaak and Bethany Brotherton met with Central Washington Family Medicine Residency on 7/18/18
  - Carmen Rivera and Chay Piger to meet with Community Health of Central Washington Residency Program on 10/16/18.

Note: Include the date of the event, who participated from the COHE and the audience, what the topic was, outstanding issues or commitments made. Include challenges and lessons learned.
COHE Community of Eastern Washington

Deliverable 6: QUALITY IMPROVEMENT

- QI 2017-2018: Wrap up submitted to Sarah on 9/17/18
  - Finalization and transfer of efforts to be determined in Q4.
- QI 2018-2019: Educational Reporting and Training
  - The rough draft was submitted to Sarah Holm on September 17th

Note: Only include updates on progress, if any. No need to restate the entire project

Deliverable 7: REPORTS & MEETINGS

Quarterly Reports: April 10, 2018, July 10, 2018, October 10, 2018, January 10, 2019

- **July 11th, Bi-Monthly LNI visit from Dr. Glass and Liz Ottmar and COHE Sponsors Management**
  - Dr. Glass and Liz Ottmar visited COHE to introduce the team to Dr. Morgan Young.
- **July 17th, ERTW Region 5**
  - COHE and ERTW Region had their 1st collaboration meeting.
    - Introductions were made as both teams had new faces including COHE Supervisor and ERTW Supervisor meeting for the first time.
    - The meeting was held at each COHE offsite location.
- **July 18th, COHE Community Collaboration**
  - Chay visited COHE Alliance in Tacoma, WA
    - COHE Community and COHE Alliance are contracted with 3 of the same organizations.
    - The COHE’s are working together to look at standardization to create consistency with the key stakeholders.
- **September 5th, Bi-Monthly LNI visit from Dr. Glass and Liz Ottmar and Sponsors Management**
  - This is an open discussion of updates and happenings within sponsoring organization and LNI.
- **Bi-Weekly check in meetings between LNI COHE Contract Manager and COHE Supervisor**

Deliverable 8: PERFORMANCE MONITORING & ANNUAL REVIEW

- COHE Customer Service Survey
- CSS launched 2/2/18
- As of September, a report of 100% satisfaction.
- Sarah Holm and Chay Piger have created Quarterly claim review for HCS’s
- Annual performance report from LNI, 5 exceeding expectations results and 5 meeting expectations, 0 not meeting expectations.

Deliverable 9: TECHNOLOGY

Ongoing Improvement and Review of the OHMS tracking system
CCEW would like to look at an electronic database for provider education and tracking (QI 2018-2019)
I. EXECUTIVE SUMMARY

MAJOR COHE ACCOMPLISHMENTS

Deliverable 1: Implementation & On-going Work Plan
- Continued implementation of on-going work plan.

Deliverable 2: Provider (Clinic Staff) Recruitment, Enrollment and Training
- Provider count: 227 (per OHMS report); 21 participating COHE clinical areas.
- COHE Medical Director created Resident PowerPoint training.
- Program Manager performed COHE training with 4 new OEM clinic residents on 7/3/18 and 7/5/18 for a total of 5.5 hours. Program Manager has begun to attend OEM clinic resident case conferences when topics apply to L&I. Outreach to Internal Medicine (IM) Residency Program Leadership to formalize COHE training for all IM residents.
- Program Manager performed COHE orientation with 15 ACE fellows on 7/31/18 for one hour.
- Program Manager performed COHE annual refresher/orientation training with HMC Pain Clinic on 9/6/18 for one hour.
- Medical Director and Program Manager performed COHE orientation training to 14 Adult Medicine residents, for 30-60 min daily during the week of 9/24/18.
- Note: L&I does not offer CEU for COHE training; COHE at HMC would need to create/establish CEU training.

Deliverable 3: COHE Advisors
- Medical Director engagement of Occ. Med program faculty regarding COHE awareness/resource opportunities; including determining what performance metrics would be most useful to receive on an ongoing basis.
- Continuation of Occupational Health Work Group; initiation of meetings on HSC Optimization Sub-Working Group.
- Future quarterly Medical Director Work Group meeting on workers’ compensation (plan formulating in Qtr 2).

Deliverable 4: Health Service Coordinators/Health Service Coordinator Assistants (and Volunteers)
- Program Manager, Medical Director, and HMC Administration/Compensation engaged in several meetings around Central Office HSC classification; as of the end of 9/2018, COHE at HMC is pending HMC Executive Team approval of a Program Coordinator.
- Program Assistant and Program Manager have provided coverage for necessary Central Office HSC duties, causing several projects to occur more slowly or be delayed. Note: weekly in-person check-ins are valuable to Occ. Med, Adult Med, and low volume clinics.
- Susan Campbell, 2nd shadow of Ortho Trauma HSC on 7/6/18; Program Analyst/HSC demonstrated Epic work queue.
- Monthly HSC Meeting topics included: introduction to interim and new COHE Medical Director; “Over 7 Reopening Applications”; L&I authorizations for emergent vs. non-emergent medical tx; premature claim closure process; vocational services refresher; working with Patient Care Coordinators; increased claims requests (e.g. requests for APFs from the ED, surgical chart notes within 30 days).
- Program Manager has continued to provide training to Occ. Med PC.
- COE Program Director and Project Manager have begun to attend HSC meetings. Next quarter, “COE corner” will be added to help facilitate increased sharing of information to COHE. COE HSC will also join meetings.
- Continued HSC rounding reveals surgical workflow (see last quarter) is assisting with workers’ compensation patient workflow.
COHE Quarterly Status Report

- (continued) 1 Central Office COHE Volunteer continues to assist Occupational and Environmental Medicine with scanning; 1 Central Office COHE Volunteer continues to assist with printing ED chart notes and processing mail, allowing COHE Program Assistant to provide on-going administrative support to clinic-based HSCs.

**Deliverable 5: Communication and Community Outreach**
- Interim COHE Medical Director, Dr. June Spector, current/permanent COHE Medical Director, Dr. Esi Nkyeyker, and Program Manager met weekly to discuss/review current state as well as future state program options. Program Manager and current COHE Medical Director meet weekly.
- **Program Manager and Burns/Plasctics** **Clinic Manager attempted to coordinate on-site ONC shadow; L&I ONCs altered their request to instead attend an HSC meeting.**
- Program Manager attended partial ACHIEV meeting on 7/26/18 via teleconference.
- Program Manager and Analyst made COHE presentation during monthly Patient Care Coordinators (approximately 25-30) meeting on 9/3/18 for 1 hour. Analyst will continue to attend future meetings to discuss w/c questions.
- Program Manager and HMC Interpreter Program Director met again on 9/12/18 to revisit prior notes re: L&I interpretation and SSB 6245.
- **Program Manager, Barbara Braid and Peggy Halstead met on 9/12/18 for two hours to discuss expanding role of Field ONC as well as CAT claims. Barbara Braid and COHE at HMC are working to finalize catastrophic injury claim definition. HMC shadowing is tentatively planned for October; in addition to training/Q&A at quarterly ONC meeting in January.**

**Deliverable 6: Best Practices and (Informal and Formal) Quality Improvement Methods**
- Analyst continues to work with ED Registration staff to ensure weekend/evening gaps in ROA completion decrease.
- **Finalized plan for sub-QI project re: understanding HSC data outside of the COHE HSC billing period. Analyst initially reviewed Epic Work Queue for possible key indicators. Assistant compared OHMS vs. Epic WQ patient data.**
- Analyst continuation of HSC work standardization with HMC Sports Medicine HSC; QI/PI work has been essential for guiding HSC back on-track/streamlining HSC work, especially ensuring L&I is attached as the payor for patients. Analyst and Assistant continue to find Revenue Cycle gaps for L&I patients.
- (continued) Program Assistant review of provider section of HMC and UWMC ROAs to gather data on completion and quality for increased reporting in provider ROA training.
- Program Manager created RTW flowchart; Assistant edited.
- Program Assistant continues to add content to HMC intranet page; update existing cheat sheets.
- Program Assistant initiated COHE flyer of interest for health care providers.
- Program Assistant and Manager revamped HMC Burns flyer.
- Program Assistant keeping track of new Claims Management patterns.
- Program Assistant created L&I CAC instructions for user and administrator; Program Manager edited.
- Program Assistant created Family Medicine coverage cheat sheet for Patient Care Coordinator; Program Manager edited.

**Deliverable 7: Reports and Meetings**
- (continued) In-person meetings with Morgan Wear, L&I COHE Director/COHE at HMC Contract Manager to discuss the ideal model for COHE at HMC e.g. limit to L&I paying for HSC for chronic pts. Meeting on 8/24/18 re: Annual Contract review.
- Medical Director met with Jacob Berman, Medical Director of the General Internal Medicine Center at UWMC-Roosevelt, on 9/26/18 to provide COHE overview and discuss referral process to the HMC Occ. Med clinic.
- **Medical Director working with Noah Seixas of DEOHS to submit a SHIP RTW grant that aims to develop a peer navigator program for home care aides with occupational injuries and chronic musculoskeletal pain.**
- Medical Director and Manager attended WCAC meeting on 9/27/18 for introductions/Occ. Med clinic and
COHE Quarterly Status Report

COHE at HMC updates.
- Program Manager monthly meetings with new Burns/Plastics Clinic Manager continue to be valuable re: COHE vs. COE as well as the similarities/opportunities between these programs. Burns is utilizing complex scheduling PSS for back-up to VRC-HSC. COE sees L&I COHE as not having a Medical Director, and with no set-up for CAT claims.
- Program Manager monthly meeting with UW Bone and Joint re: HSC workflow and clinic staff education.
- Program Manager monthly meeting with Eye Institute and Eyes on James re: capacity of HSC; created work instructions to address billing denials.
- Program Manager and COHE St. Luke's Chay Piger, HSC Lead, met via telephone at her and Program Director’s request to obtain COHE at HMC ED LMS module. **Discussed benefit of a COHE Program Manager/Medical Director quarterly meeting to share resources, discuss challenges, etc.**
- Program Manager and COHE at Kaiser Program Manager shared worker’s compensation resources.
- Program Manager meeting with COE Project Manager re: refresher of post-pension treatment orders; premature claim closures; contacting Claims Managers; back-up HSC; OHMS vs WQ. Provided suggestion around how to navigate contacting CCMs/NCMs.

**Deliverable 8: Performance Monitoring**
- **(continuation): COHE at HMC would like to discuss with L&I options to receiving accurate APF data, if completion of an electronic APF is not feasible for HMC health care providers.**

**Deliverable 9: Technology**
- Program Manager and Analyst worked with UWP to formalize/reduce HSC work around duplicate sending of medical notes.
- Analyst recommended Snip-it software purchase to assist Central Office COHE and HSCs with workflow and organization.

**Deliverable 10: CAT Claims**
- COHE pending update from L&I Insurance Services re: Central Office HSC inpatient visits of CAT claims.

**COHE CHALLENGES & LESSONS LEARNED** *(The following will remain on the report as pending items to be addressed; update section notes any new information or “none”)*
- **Occ. Med. Referral document** on hold until new Occupational Medicine (OEM) Medical Director is established.
- **L&I Contract Manager to revisit Reopening Application procedure for non-hardware annual checks.**
- **COHE continues to provide support to the Program Operations Manager in the outpatient Mental Health Department** to perform interim HSC work until a permanent role can be established. Issue: long-term HSC billing is needed for this clinic to continue L&I support
- **Oral Surgery/Dentistry noted several L&I challenges:** finding dentists to take L&I is a challenge per Oral Maxillofacial surgeons. COHE HSC called a list of local dentists to determine ability to take L&I, and identified 1-2 dentists who affirmed acceptance of this payor type. HSC in-person and telephonic provider and patient assistance was offered to assist with claim coordination. Note: oral surgeons see 80-85 patients per day and are also challenged by L&I paperwork.
- **Lack of full support to clinic staff re: Federal, SIE, disability leave, etc. claims:** (continued): At this time, the
hospital does not support funding to help expand the COHE program to provide coverage with these areas. SIE consist of a great deal of work in HMC; it is difficult to determine how much health care provider frustrations tie to SIE/out-of-state/Federal workers' compensation claims, and if State Fund claims are or are not rolled into this same category.

- **COHE at HMC is challenged as a public institution to ensure market salary for Disability Coordinator/HSC role, given the complexity of the work:** (continued) Job satisfaction and employee retention barriers are clear given this information. Further research and advocacy is needed for appropriate role type (e.g. PC vs. VRC vs. SW vs. MA) among clinic leadership. HSCs are hired and managed by clinics as well as funded by Harborview. State Fund WC consists of 20-40% of their work. While COHE at HMC is a technical and training resource to the clinics, review of the HSC position will continue to occur via the HSC supervisor meetings (and UW HR systems).

- **Low IME reimbursement rate for complex claim review:** COHE resurfaced prior discussion with UWP Contracting Office re: low IME reimbursement for review of complex claims. L&I asks non-PPD rating examiners for concurrence with PPD ratings; HMC has begun to denote non-concurrence with impairment ratings as a solution. The time and number of pages to review varies significantly; UW Medicine providers have communicated inconsistent quality with IMEs as well as the avoiding disposition to engage in this thorough review.
COHE Quarterly Status Report

Chapter 1
EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS

Deliverable 1: COHE Implementation & Work Plan is ongoing for new contract period

Deliverable 2: Provider recruitment, Enrollment, and Training
- Oriented and enrolled 11 new Attending Providers hired this period, July-September 2018
- Trained 0 providers in annual training this period, July-September 2018

Deliverable 3: COHE Advisors
- Participated in monthly meetings with the Occupational Medicine Attending Providers in July, August, and September
- COHE Advisors participate in ongoing educational outreach to enrolled providers

Deliverable 4: Health Services Coordinators
- HSC Lead/HSCA conducted all the new Attending Provider orientations during this period
- HSC Lead and HSCA joined our quarterly self-insured employer roundtable on 9/12/18

Deliverable 5: Communication and Community Outreach
- No state-fund employer outreach outside of claim specific communications this period

Deliverable 6: Best Practices & Quality Improvement Methods
- Ongoing collaboration with the SHSC as part of The Everett Clinic Surgical Best Practices Pilot site
- The COHE at TEC is developing a new quality improvement project in partnership with the Orthopedics department to measure compliance with the new Bree post-operative opioid prescribing guidelines

COHE CHALLENGES & LESSONS LEARNED

Not all TEC providers are enrolled in COHE if they do not file Report of Accidents, serve as the Attending Provider or complete Activity Prescription Forms. Yet, these providers in their consulting role can have a marked impact in disability prevention. Developing opportunities for training in best practices can be challenging, yet we have continued to endeavor to find ways.

Psychiatrists and psychiatric ARNPs fall into this area. Currently, they receive training at time of hire and with “just in time learnings.” Optional annual training has also been utilized for refresher opportunities.

It would be helpful to learn how other COHEs provide this additional, unrequired but needed education.
Centers of Occupational Health & Education (COHE) Quarterly Status Report

COHE Name: COHE Alliance of Western Washington
Program Director: Nicole Cushman
Date Submitted: October 10, 2018
Reporting Period: Executive Summary – July, August, September 2018

COHE ALLIANCE MAJOR ACCOMPLISHMENTS

Deliverable 1: COHE Implementation & On-going Work Plan
• Continued implementation of On-going Work Plan as appropriate.

Deliverable 2: Provider Recruitment, Enrollment, and Training
• Actively Participating in COHE:
  o 1025 participating providers from 90 organizations
• New Organizations to Participate in COHE:
  o 2 New Chiropractic Organizations.
  o Several new sites with existing organizations are in progress for enrollment over the next two quarters.
• COHE Provider Training:
  o 13% Annual Education completed as of July 1, 2018 COHE year start date.
  o Contract Goal of 80% will be by June 1, 2019 deadline.

Deliverable 3: COHE Advisors
• 10 participating COHE Advisors. 1 application pending enrollment as an Advisor.
• COHE Physician Advisory Panel scheduled Q4, October 5, 2018.
• Next Advisory Panel scheduled for April 12, 2019.

Deliverable 4: Health Services Coordinators (HSC)
• 8 fully trained full time HSCs and 1 new full time HSC.
• 1 new HSC is approved with recruitment efforts in progress.
• Development of HSC training is in progress for QI 2018-2019.
• COHE Alliance team continues with process improvements for department infrastructure and customer service focus.

Deliverable 5: Communication & Community Outreach
• Program Director attended DOH Opioid Workgroup teleconference July 31, 2018.
• The WA State Governor's Committee on Disability Issues and Employment (ESD) was awarded the federally funded RETAIN grant. CHI Franciscan is a partner in the grant process with COHE Alliance as a consultant role during Phase I.
• On July 11, 2018, QUALIS presented to The Doctors Clinic on behalf of COHE
Alliance, to other partners including West Sound Orthopedics. Early Return to Work (ERTW) members were also in attendance.

- COHE Alliance continues to develop education opportunities related to performance reports and collaborate with LNI contract manager to meet partner needs for best practice data.

**Deliverable 6: Best Practices & Quality Improvement Methods**

- 2018-19 Quality Improvement to emphasize training and quality customer service.
- COHE Performance Management dashboard is in pilot phase.
- Deliverables to date include:
  - COHE Year at a Glance Calendar,
  - Retention Motivators,
  - New Hire Process Checklist,
  - HSC Training Checklist,
  - Cohesive definition of HSC Role.

**Deliverable 7: Reports and Meetings**

- LNI contract manager - Monthly Claims Initiated Reports.
- LNI contract manager - Monthly Payee Summary (pending receipt).
- Program Director - Participation in Directors’ Calls on-going.
- Advisory Committee on Healthcare Innovation and Evaluation was attended July 31, 2018. Next one scheduled for October 25, 2018.
- LNI contract manager and Program Director - meetings bimonthly on-going.

**Deliverable 8: Performance Monitoring and Annual Review**

- Annual review was completed July 9, 2018 via email exchange and a subsequent follow-up call.

**Deliverable 9: Technology**

- OHMS – COHE Alliance Team has been trained on latest version of OHMS and participate in OHMS User Group meetings as appropriate.
COHE ALLIANCE CHALLENGES & LESSONS LEARNED

- COHE Alliance is dedicated to educating all community partners with best practice feedback and work flow improvement recommendations to meet best practices. Access to real time data and/or resources is key to these efforts.
  - LNI Claims Initiated reports for COHE and NON-COHE claims has been instrumental in COHE Alliance being able to move forward in work plan initiatives.
  - LNI Data requests are specifically used for provider enrollment & education efforts as well as COHE staffing and contract deliverables.
  - LNI data for partners outside of the sponsoring organization (CHI Franciscan) is not readily accessible to COHE Alliance; therefore, we are very appreciative of efforts made by LNI that support work plan initiatives for COHE Alliance.
  - CHI Franciscan underwent new Human Resources system and process changes as of 2018. This transition created some challenges in timely hiring of HSCs. Recently, COHE Alliance had worked to partner with CHI leadership to streamline this process moving forward.
  - The position of Provider Relations is being reclassified due to the growth of the program. The reclassification process within the sponsoring organization has had several delays due to changes within the corporate structure. COHE Alliance continues to request progress updates on a regular basis.
I. EXECUTIVE SUMMARY

During this reporting period three L&I Occupational Nurse Consultant, (ONCs) met with COHE providers and HSCs to provide education, staff claims and address barriers to our patient’s return to work.

An HSC in training did not successfully complete our Kaiser Permanente probationary status and is no longer a Kaiser Permanente employee as of 9/19/18; as result, we are actively recruiting for a new Case Manager/Health Service for our Tacoma and Port Orchard location.

Senior Occupational Medicine Providers are rounding at clinics and also provide training on monthly basis with all of our Occupational Medicine Providers.

Trisha Isaman, RN, MN is the new Director, Occupational Health Services.

We continue to recruit for Spokane Kaiser Permanente Occupational Medicine Providers.