

Compensation of Hospital Employees



DOH 422-092/CHS 257 (REV 08/01/2012)

Calendar Year: 2018		Entity Name: MULTICARE HEALTH SYSTEM (includes 8 hospitals & numerous clinics and medical offices, etc.)						
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non-Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 WILLIAM ROBERTSON	PRESIDENT & CEO		1,237,368	348,227	5,244	547,588	20,833	2,159,260
2 ANNA LOOMIS	FORMER SENIOR VICE PRESIDENT & CFO, PART YEAR 1/2018-9/2018		547,040	159,082	36,077	82,892	14,549	839,640
3 FLORENCE CHANG	EXECUTIVE VICE PRESIDENT & COO		940,019	231,167	5,160	241,645	24,745	1,442,736
4 LINDA CHEN	FORMER PRESIDENT, MARY BRIDGE NETWORK PART YEAR 01/2018	MARY BRIDGE CHILDRENS HOSPITAL AND PEDIATRIC NETWORK	67,769	83,672	666,638	3,033	3,033	824,145
5 SHELLY MULLIN	FORMER PRESIDENT, MARY BRIDGE NETWORK INTERIM PART YEAR 02/2018-07/2018		280,280	115,939	445,732	39,704	6,458	888,113
6 JEFF POLTAWSKY	PRESIDENT, MARY BRIDGE NETWORK PART YEAR 07/2018-12-2018	MARY BRIDGE CHILDRENS HOSPITAL AND PEDIATRIC NETWORK	164,682	175,000	1,266	23,708	6,583	371,239
7 CHRISTI McCARREN	SENIOR VICE PRESIDENT - RETAIL HEALTH & COMMUNITY BASE		397,542	104,729	73,697	11,277	11,277	598,522
8 TIM BRICKER	SENIOR VICE PRESIDENT/CHIEF EXEC - SOUTH SOUND REGION	MULTICARE TACOMA GENERAL, ALLENMORE, MULTICARE GOOD SAMARITAN, AUBURN MEDICAL CENTER, COVINGTON.	644,690	142,512	2,760	111,977	24,477	926,416
9 DAVID CARLSON	SENIOR VICE PRESIDENT - PROVIDER ENTERPRISE & CPO		592,699	104,192	9,384	106,723	27,223	840,221
10 DAVID O'BRIEN	SENIOR VICE PRESIDENT/CHIEF EXEC - INLAND NW REGION	MULTICARE DEACONESS, MULTICARE VALLEY & ROCKWOOD CLINICS	595,563	215,246	87,420	16,953	16,953	932,135
11 CLAIRE SPAIN -REMY	FORMER SENIOR VICE PRESIDENT		0	0	122,965	0	0	122,965

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation
Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990si.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health
Center for Health Statistics/Hospital and Patient Data Section
MS: 47814
Olympia, WA 98504-7814
Fax: (360) 753-4135
email: hos@doh.wa.gov