



ALAMEDA COUNTY MEDICAL CENTER

Highland Campus • Fairmont Campus

John George Psychiatric Pavilion • Ambulatory Healthcare Services

HUMAN RESOURCES COMMITTEE MEETING

Wednesday, September 19, 2012

Central Administration Offices Located at Highland Hospital

1411 East 31st Street Oakland, CA 94602

Barbara L. McElroy, Clerk of the Board

(510) 437-8468

MINUTES

THE MEETING WAS CALLED TO ORDER AT APPROXIMATELY 5:31 PM.

ROLL CALL WAS TAKEN; THE FOLLOWING TRUSTEES WERE PRESENT:

Ronald D. Nelson, Daniel Boggan, Jr., Anthony Slimick, and Ilene Weinreb.

J. Bennett Tate was excused.

TAB #2 ACTION: Approval of Minutes

ACTION: A motion was made, seconded, and unanimously approved the Minutes from the March 14, 2012 Human Resources Committee Meeting as presented.

MOTION: Trustee Boggan

SECOND: Trustee Weinreb

AYES: Trustees Nelson, Boggan, and Weinreb

NAYS: None

ABSTAIN: Trustee Slimick

ABSENT: Trustee Tate

The Meeting Summary from the July 18, 2012 Human Resources Committee meeting was presented as an information item, as there was no quorum at the July 18, 2012 meeting.

TAB #3 UPDATE: Recruitment Strategy - Vacancies and Positions Filled

Paul Ransom, Director of Workforce Planning and Recruitment, provided an update on recruitment services highlighting current successes, critical openings, and ongoing strategic efforts underway to enhance ACMC's capability to better service its hiring managers and increase the overall recruitment efforts.

Continued areas of focus are enhancing recruitment processes, effectively utilizing ATS (Applicant Tracking System), staffing recruitment team to support volume, and the development of short and long term employment solutions and recruitment advertising strategies to assist in recruiting top talent into the organization.

During the last business quarter, (truncated) July 1 through September 10, 2012, the recruitment function continued to serve ACMC clients and meet the demands of the organization. ACMC recruited and placed 1 leadership (executive/director), 9 management/supervisory positions, and 9 providers.

The most significant numbers were the 190 total hires (new positions, replacements and transfers) supporting the care delivery operations. This number exceeds the same period in FY2012 by 40 hires. Of positions filled, 76 were internal and 114 were external candidates. A key metric highlighting the team's effectiveness is days-to-fill. Days-to-fill are the total days for candidates to accept an offer divided by total number of hires. The national standard identified by Saratoga is 76 days. ACMC's target for FY2012 was 67 days, 65.1 days was achieved. As FY2013 begins, the focus remains on this key metric demonstrated by the team reducing days-to-fill by over 10 days from 65.1 to 54.7 days.

Currently, as of September 10, 2012 there are 264 (an increase of 36 positions from previous quarter) active positions on the ACMC opportunities posting. Of the 264 positions, 135 are Services as Needed (SAN) positions. The increase in positions is in part due to a significant increase in providers needed to support Ambulatory Care, building a Float Pool of clinicians and ancillary staff to reduce the need for registry and Health Information Services restructuring:

With 2012-2013 budgets approved, Human Resources has invested in emerging recruitment technology (social media resources, databases and web based research tools) that will continue to increase ACMC's capabilities to recruit talent in the upcoming years.

Mr. Ransom reported on current recruitment strategies.

Advertising and Marketing

TMP remains an ACMC partner aiding in marketing our brand to identify/stimulate passive and active candidates. The focus of the marketing/media strategies are as follows:

Target Audience

- Specialty healthcare areas: Nursing, Laboratory, Allied Health, Coders and IT
- Executive Search
- Physicians and mid-level providers

Timing

- The timeframe is based on an annual campaign from July 2012 - June 2013 (12 months)

Marketing Media Strategies

- Job Aggregators
- Social Media
- Diversity Job Boards
- Mobile Now
- Next Generation Mobile

Initiatives

- Ambulatory Expansion
 - Physician Recruitment
 - Non-Physician Practitioners/Providers (NPPs)
 - RN Residency
- Electronic Health Records
- Meeting critical/hard-to-fill staffing needs through Workforce Planning

Mr. Ransom provided a list of sources utilized during FY 2012 to facilitate hiring.

The committee inquired as to how recruitment strategies were ramping up for healthcare reform in 2014 as well as providing the level of service necessary to attract individuals to choose ACMC as their healthcare provider. Both Mr. Ransom and Bill Manns, Chief Operating Officer, addressed the concerns of the committee and the strategies that were being implemented to meet the 2014 deadline.

Trustee Slimick asked if there was an employee incentive program to refer potential candidates to ACMC. Jeanette Loudon-Corbett, Chief Human Resources Officer, reported that the issue was being discussed in HR as ACMC employees are ambassadors for the organization.

TAB #4 REPORT: Employee Partnership Survey Results and Action Plan

Ms. Loudon-Corbett introduced Craig LaFargue, Director of Organizational Learning and Education (OLE).

Before Mr. LaFargue provided his report, Ms. Loudon-Corbett recognized Desiree Haines, project manager for the Employee Partnership Survey, and the excellent work she did in compiling the results of the survey.

Mr. LaFargue informed the committee that he is new to healthcare, his career has been in corporate America, namely Johnson & Johnson and Disney.

OLE means organizational leadership, organizational learning and effectiveness. The focus is on helping the organization learn techniques on how to better manage, lead, and develop more effective leaders.

Mr. LaFargue provided the results of the Employee Partnership Survey and what the results mean for APMC. He pointed out that there is a correlation between high employee partnership scores and high HCAPHS scores. The mean score for the Employee Partnership Survey (EPS) was 66.4, an increase from the previous survey of 61.6; but short of the national average of 72.9. The four classifications are Detached, Dedicated, Distanced, and Discontented. The goal is to improve the scores so that the 40% in the Dedicated classification increases and the percentage of Discontented employees decreases.

Mr. LaFargue explained to the committee the strategies that would be implemented to make these improvements. The triage approach to improving EPS is to identify groups at risk and provide support. Phase 1 will be to identify high, middle and low (tertiary) performing departments. Phase 2 will be to conduct appropriate intervention based on EPS scores. In Phase 1 departments were identified as follows:

- Primary (High @72.5 and above mean score)
- Secondary (Middle 62.5-72.4 mean score)
- Tertiary (Low @Below 62.4 mean score)

In phase 2 all departments will receive their survey data, facilitated instructions on how to interpret data and expectations for action planning and follow up. Secondary and tertiary departments will be required to attend a session facilitated by OLE. The session will include guidance on how to establish an action planning process.- Tertiary departments will have an OLE representative facilitate action planning meetings with department leaders. OLE representatives will also have regular follow up with the department leaders to ensure action plans have been implemented. Additional coaching and support will be made available.

To date the following has transpired:

- OLE Triage Session was held on August 21, 2012
- OLE Triage Make-Up Session was held September 6, 2012
- OLE employees are meeting 1:1 with select leaders
- September 30, 2012 is deadline for leaders to upload their completed action plans onto the Employee Partnership Survey Shared File
 - As of September 12, 2012, 12 departmental action plans have been uploaded to the Shared File
 - A reminder memo will be sent to leaders the week of September 17, 2012

The committee asked what the goal will be over the next 6 months. Mr. LaFargue's target is to see at least 50% of the tertiary group move to the middle (secondary) level.

Discussion ensued about the process and how department leaders can be motivated to increase their effectiveness as leaders within the organization.

Trustee Weinreb requested that Mr. LaFargue report back in 3 months on the status of the progress of the triage sessions.

TAB #5 REPORT: Health and Welfare Benefits Plan

Paula Peck, Assistant Director, Health and Wellness, provided an overview of the 2013 Benefit Plan Renewal process.

Long Term Strategies:

- Maintain choice of plans
 - Kaiser - continues to have over 80% enrollment
 - Move as many participants as we can to United HealthCare Plans
 - Self Funding Our Own Plan
 - Using our own facilities
 - Access and wait times need to improve
 - Using a purchased network

United Healthcare Renewal:

- Original renewal +4.5% HMO / +20.3% PPO
- Negotiated to +2.5% HMO / +20.3% PPO
- One Plan Change to Mid Plan

Kaiser Renewal:

- Original renewal +16%
- Negotiated to +15%
- Increased Pooling Charge (Pooling point increasing from \$200k to \$215k)
- High Cost Claimants:
 - Feb 2012: 42 large claims over \$107,500 vs. Feb 2011: 10 large claims over \$100,000
- Required increase of 29.33%; Capped at 15%
- With Women's Preventive Services & Autism Mandate overall renewal is 16%
- Renewal includes coverage for behavioral health treatment for pervasive developmental disorder and autism as mandated by CA SB946

Life Insurance Vendor change:

- MedAssets Insurance Point

- 10% Reduction in Basic Life Insurance
- 10% Reduction in Long Term Disability
- All Voluntary Rates remain the Same
- No additional underwriting for current enrollees

Ms. Peck ended her presentation with the 2013 projected costs for each of the benefit plans provided to employees.

TAB #6 REPORT: Chief Human Resources Officer

Ms. Loudon-Corbett provided an update to the Health Information Management (HIM) training program for affected employees. The anticipated completion of the training is October, 2012.

TAB #7 INFORMATION: Issue Tracking & Follow-up

There were no outstanding issues to report.

TAB #8 REPORT: Legal Counsel's Report on Action Taken in Closed Session

Douglas B. Habig, General Counsel, reported that the committee met with the labor negotiator and accepted the recommendations. In addition, the committee discussed matters related to potential litigation, no action was taken.

Public Comments: None.

Board of Trustees Remarks: None.

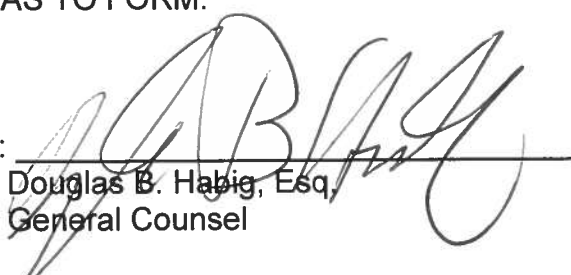
ADJOURNMENT: The meeting was adjourned at 6:36 PM.

Respectfully Submitted by:

Barbara L. McElroy,
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: _____


Douglas B. Habig, Esq.
General Counsel