



HUMAN RESOURCES COMMITTEE MEETING

Wednesday, January 14, 2015

Central Administration Offices Located at Highland Hospital

1411 East 31st Street Oakland, CA 94602

Marla Cox, Clerk of the Board

(510) 535-7515

MINUTES

THE MEETING WAS CALLED TO ORDER AT 4:05 PM

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:

Joe DeVries, Maria Hernandez, Tracy Jensen and James Potter

(General Counsel Announcement concerning Closed Session)

TAB #1 CLOSED SESSION

TAB #2 ACTION: Consent Agenda

ACTION: A motion was made and seconded, and the Committee approved the minutes of the March 19, 2014 Human Resources Committee meeting.

TAB #3 INFORMATION: 2014 Employee Engagement Pulse Check Results

Jeanette Loudon-Corbett, Chief Human Resources Officer (CHRO) informed the Committee that the 2014 Employee Engagement Pulse Check was administered in November 2014; the results were received a few weeks ago. An update will be provided at the March 2015 HR Committee meeting.

TAB #4 INFORMATION: Results of 2014 Health and Welfare Benefits Open Enrollment

Paula Peck, Director of Employee Benefits and Wellness, shared the 2015 health enrollment activities and 2015 enrollment goals. These goals were to maintain all prior Freedom Choice enrollees, continue to move employees away from Kaiser, increase contribution levels in Flexible Spending and continue moving employees towards the Dental PPO Plan. Employee word of mouth is the best method of communication for encouraging others to move to the AHS preferred plans. From December 2014 to January 2015, 4% of employees moved from Kaiser to AHS plans. The Flexible Spending enrollment participation has continued to increase into 2015 with 55 new participants. AHS tax savings is \$134,000 with a potential for more as participants increase.

The dental PPO Buy-up Plan has increased 7% since December 2014. The potential savings of moving Kaiser enrollments to the AHS Plan would be \$631,074. The Stop Loss Reduction cap was moved to \$250,000 for about \$1.5 million in savings.

TAB#5 INFORMATION: AHS Human Resource Redesign and Plan for Future

The CHRO presented the Human Resource flow chart. Human resources will be undergoing a no cost restructure to align resources to increase our capacity and efficiency. Paula Peck has been promoted to Director of Total Rewards.

TAB#6 REPORT: Chief Human Resource Officer

The CHRO, and Kinzi Richholt, Chief Nursing Officer reported AHS' current progress towards Magnet hospital designation. The Magnet designation is awarded by the American Nurses Credentialing Center to Hospitals or Systems in recognition of quality patient care and nursing excellence. The hospital is currently undergoing Magnet readiness assessment, which will provide a gap analysis prior to assessment. Hospitals in the Bay Area that have obtained Magnet designation include UCSF, John Muir, Washington Hospital in Fremont, Stanford, and several others.

TAB #7 INFORMATION: Issue Tracking & Follow-up

Joe DeVries, Chair would like to track the Engagement Survey focus group results, Work Force Diversity, and Magnet Designation Gap Analysis.

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

Mike Moyer, Interim General Counsel reported that in Closed Session the Committee met pursuant to Government Code Section 54957.6 and the Interim General Counsel provided a report pursuant to Government Code Section 54957.1. The committee recommended approval of a labor contract between AHS and SEIU-CIR.

Public Comments

Susan Rosenthal: My comments originally said good afternoon, but it's become good evening. I'm Susan Rosenthal and I'm the representative of the mid-managers, supervisors, a lot of the high level technical employees and program managers here at the medical center. We are in the midst of negotiating our next contract. I come to you because we are kind of perplexed about where AHS is going in their negotiations. I've got over thirty years' experience in negotiations and my experience says that when organizations are in financial trouble, as AHS is, that they really work collaboratively with their unions. Especially the union that represents the very people who are going to be working on coming up with implementing the change that you need to do in order to survive, but instead we are faced with proposals - almost all of the negotiating committees here will talk about various parts of it – we are faced with proposals that are takeaways in terms of time off, in terms of pension benefits, in terms of who's in our bargaining unit. This is not a way to address the kinds of issues that you've got before you. We are asking you as the Human Resources Committee for this medical center and for all the clinics to give a different set of instructions to the people who are negotiating on behalf of this medical center so that you don't alienate the very people you need. I also want to add that the proposals that we've got have not been made to a single other bargaining unit. We are the only ones which are facing this kind of negativity. You are not addressing one of the biggest issues, which is that we have members who are supervisors and managers who make up to 11.5% less than the people they supervise and

the only way you have proposed to address that is by trying to force a system that these employees said time and time again they don't want. Thank you for your time.

Valerie Louie: Good evening to the committee members, my name is Valerie Louie, I am a registered nurse and I started working in the emergency department a couple of decades ago. My appeal to you is not what I started out with when I first walked into this room. I listened to the different reports that were presented by Jeanette. You know, I find it all very fascinating, especially about the Pulse Check report and I for one was probably one of the ones that answered very positively on the nurse side. I know I was very enthusiastic about my job and where I work. I think that really speaks to the kind of atmosphere that we do want to keep in this organization and nursing being a big portion of the people that work here and the kind of candidates that we want to attract. We have students in all the time and they can apply anywhere but they want to work here because of the environment. I think that that speaks to the work that we do, we meaning the ACMEA membership the supervisors and mid-level managers that we do in keeping the day to day operations going and working alongside the frontline people. And I actually, when I was in graduate school I worked at UCSF when they were working on your (inaudible) and one of the projects that I had to work for while I was working under one of the nurse administrators there were some of the things that contributed to their giving you that award. So I was excited to hear that we were all striving for that at this organization. Again, I think we are the ones, ACMEA members are going to be the ones who are going to move us out to that direction and bring our staff with us. Thank you.

Debra Jackson: Good evening, I am Debra Jackson. My key responsibilities include day to day clinical oversight and direction for licensed and unlicensed staff in a high risk outpatient setting. As CA4's you rely on us to carry out AHS's vision by moving initiatives forward, implementing change necessary to improve patient care and satisfaction and employee engagement. I would like to speak to AHS's proposal to place CA4's into a new class. This position should not be placed in a new class category for the following reasons: supervisors would have to rely on the managers for a pay increase based on their evaluations, if there exists no conflict or difference of opinion between the manager and the supervisor in terms of the evaluation there would be no issue, if there does exist any conflict or disagreement between the supervisor and the manager about the evaluation the supervisor would have no alternative and would have to accept not only an unfavorable evaluation but also no pay increase as well. For example, my manager resigned and I was evaluated by someone who I did not directly report to and who didn't know me at all. This person did not understand my clinical leadership role and responsibilities and evaluated me poorly despite having examples to show why I rated myself above average. During my next evaluation period, I was evaluated by a different manager who understands my clinical leadership role and we agreed on my performance even though I was operating at the same level as the prior evaluation having done nothing different. This is just one example of the inconsistencies of being beholden to a manager for our salary increase and how it is linked directly to biased subjectivity and potential unfairness. Please consider my please to not place the CA4's in a D class category. Thank you for your time and your attention to my (inaudible).

Brigid Doyle: Good evening my name is Brigid Doyle, I am a nurse manager at Fairmont Hospital, it's a skilled nursing facility and a sub-acute unit. I have worked for this organization for 27 years. I want to express a couple of concerns about the current proposals. Managers are very connected to and driven to increase employee satisfaction scores. I was the recipient of an honor for having the highest employee scores in the nursing unit division, of one of the three units that I manage. I know how hard it was to get that, and I would like to get it again and I worked very hard. That takes a lot of commitment, a lot of hours – you work up to 24 hour (inaudible), you show up on the night shift you show up on the early mornings, you are there all day long. You try to keep communication going, because that is very important based on our employee engagement surveys. Communication is our highest opportunity for improvement. Communicate, communicate, and communicate, when you've said it enough you have to say it two more times. So that's something that

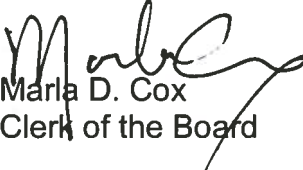
happens. That's tied of course as we discussed earlier, to patient satisfaction. I was called at five 'o clock this morning to respond to an altercation between a patient and a nurse. It is very difficult to keep both sides happy and we have very challenging patients at the Fairmont hospital. They have a lot of issues, a lot of social problems. So when we are asked to lose days off that concerns me. The proposal is to decrease our PTO and paid Holidays. I would like to be able to maintain my work and home life in such a way that I can be a good role model for my employees also. Another concern is attracting others to our organization, towards the management piece. I am so gratified to hear Kinzi talk about that, the status, I'm so proud that I hope to end my career here at the medical center or the Health System and ask this hospital - please do not take away your employees retirement benefits. Let's attract the best possible candidates for our teams so that we can hold Magnet status. Thank you.

Lisa Jackson: Good evening my name is Lisa Jackson and I have been with this organization for 4.5 years. I didn't prepare anything written just because I just want to speak to you all from my experience. Right now I would like to ask you to connect your head, your gut and your heart. If you don't remember anything else that I say, what I need you to understand is that the recipe for the success of AHS is for you to engage, support, and invest in your mid-level managers. You need us. We are the mid-wheels. We are like the middle social economic status for this nation. Even though you give direction to the department heads, it's still placed on our backs to make those things come to fruition. You want to move towards population health? You want more employees to enroll on our health plan? You want to reach the goals and objectives of our pillars and other objectives? You need us. You need us to be in a position to assure that there is diversity on staff. We are the ones (inaudible) and making recommendations for hiring. So I wish that you would just understand that in this pool of managers, you've got to pay people. You've got those of us who've got the strongest work ethic in this organization. We are the ones, like myself, who started from the ground up. The median age level in our group is 40's/50's. We all started from the ground up. I started off right out of grad school, as a social worker, moved to supervisor, took on the responsibilities of department head when our department head walked out the door, took on the responsibility of fiscal responsibility that is not my role, did it no problem. We are the people that are your team players. We are your motivators. When the staff doesn't want to comply, when the staff is disengaged, when the staff is beat down/run down and discouraged, we have to come to the table, pull our boots up and run things down. We have to make sure that they have the resources they need to serve our patients. We are the ones that have to make sure that we work towards the end goals of the organization and work with the upper execs and our department heads. You need us. (inaudible) When I wake up and I worked 10/12 hours a day and I go home to my three kids and my husband and I (inaudible) with no energy, that's not okay. That's not just my story, I'm working 24/7 and I get called, I'm out of the country on vacation or trying to celebrate my anniversary or whatever – my story is our story and that's not okay. So what I need you all to do is really think about how much you need us and to understand that if you invest in us, we will succeed. It's like prevention, it's like population health. I thank you for your time, I could talk for a lot longer, but I think you get the message. Thank you.

Board of Trustees Remarks – None

ADJOURNMENT – 6:10 pm

Respectfully Submitted by:


Marla D. Cox
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: 
Mike Moyer
Interim General Counsel