ALAMEDA
HEALTH SYSTEM

HUMAN RESOURCES COMMITTEE MEETING

October 15, 2025
5:30pm-7:00pm

Conference Center at Highland Care Pavilion
1411 East 31st Street Oakland, CA 94602
Ronna Jojola Gonsalves, Clerk of the Board
(510) 535-7515

LOCATION:
Open Session: Telephonic/Electronic Meeting

ZOOM Meeting Link:
https://alamedahealthsystem.zoom.us/j/9361457125?pwd=4JnAmhDnBaLqY4GWf4PQBwp3w0Puy2.1&omn=81984021097
Meeting ID: 936 145 7125
Password: 20200513

One tap mobile
+14086380968,,9361457125# or
+13462487799,,9361457125#

Dial by your location
+1 408 638 0968 US (San Jose)
+1 346 248 7799 US (Houston)
+1 646 518 9805 US (New York)

Find your local number: https://alamedahealthsystem.zoom.us/u/aeojyFgeyl

NOTE: In the event that a quorum of the Board of Trustees participates on this Committee, the meeting is noticed as a Special Meeting of the Board of Trustees; however, no final Board of Trustees action can be taken.

<u>HUMAN RESOURCES COMMTITEE MEETING AGENDA</u>

<u>SPECIAL NOTE:</u> Per Brown Act requirements, Trustees of the Alameda Health System will attend board and committee meetings in person at the location(s) noticed on this agenda. Staff and members of the public may attend either in person at the location noticed on this agenda, or remotely via Zoom, using the link included on this agenda.

The public is invited to attend the meetings in person or observe and participate in the meeting via the Zoom link above.

<u>Public Comment Instructions</u>
If you attend the meeting in person and wish to address the Board or Committee regarding an item on the agenda or in their purview, please see the Clerk of the Board.

If you attend the meeting remotely and wish to address the Board of Trustees or Committee regarding an item on the agenda or in their purview, send an email to cob@alamedahealthsystem.org PRIOR TO THE START OF THE MEETING. Your comment will be heard at the appropriate time. During the meeting, public comment requests may be submitted to the ZOOM meeting host or the Clerk of the Board, but requests must be submitted prior to the beginning of the public speaker time for that item.

Each speaker, whether in person or remote, will be allotted between one and three minutes to speak, depending on the number of speakers present.

OPEN SESSION / ROLL CALL

<u>PUBLIC COMMENT</u>

A. <u>ACTION: Approval of Minutes of the July 16, 2025 Human Resources Committee Meeting</u>

Recommendation: Motion to Approve

<u>Agenda Items B, C, and D Presentation</u>

B. <u>INFORMATION/DISCUSSION: HR Dashboards</u>
Justin Nool, Director of Talent Management
Karen Skillman, Director of HRIS and HR Operations
Greg Stephens, Manager, Leave Programs

C. <u>INFORMATION/DISCUSSION: HR Division Updates</u>
Ulysses Madison, Director of People Operations
Joilah James and Joseph Peters, Directors of HealthPATH Operations and Programs
Sofia Newton, Wellness Program Manager

D. <u>CHRO Update</u>
Jet Chapman, Chief Human Resources Officer

<u>TRUSTEE COMMENTS</u>

<u>ADJOURNMENT</u>

<u>Our Mission</u>
Caring, Healing, Teaching, Serving All

<u>Strategic Vision</u>
AHS will be recognized as a world-class patient and family centered system of care that promotes wellness, eliminates disparities and optimizes the health of our diverse communities.

<u>Values</u>
Compassion, Commitment, Teamwork, Excellence, Integrity, and Respect.

<u>Meeting Procedures</u>
All items appearing on the agenda are subject to action by the Board of Trustees. Staff recommendations are subject to action and change by the Board of Trustees.

The Board of Trustees is the Policy Body of the Alameda Health System. The Board has several standing Committees where Board matters are the subject of discussion at which members of the public are urged to testify. Board procedures do not permit: 1) persons in the audience at a Committee meeting to vocally express support or opposition to statements by Board Members or by other persons testifying; 2) ringing and use of cell phones, pagers, and similar sound-producing electronic devices; 3) signs to be brought into the meeting or displayed in the room; 4) standing in the meeting room. Citizens are encouraged to testify at Committee meetings and to write letters to the Clerk of the Board or to its members, 1411 East 31st Street Oakland, CA 94602.

Members of the public are advised that all Board and Committee proceedings are recorded (audio), including comments and statements by the public in the course of the meetings. Copies of the audio recordings will be made available to the public. Copies of the agendas and supporting documents can be found here: http://www.alamedahealthsystem.org/meeting-agendas-and-minutes/. By attending and participating in Board/Committee meetings, members of the public consent to audio recording of any statements they may make during the proceedings.

<u>Disability Access</u>
The Meeting Rooms are wheelchair accessible. Assistive listening devices are available upon request at the Clerk of the Board's Office. To request accommodation or assistance to participate in the meeting, please contact the Clerk of the Board. Requests made at least 48 hours in advance of the meeting will help to ensure availability.

In order to accommodate persons with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to perfumes and various other chemical-based scented products. Please help us to accommodate these individuals.

The AHS Board of Trustees is committed to protecting the private health information (PHI) of our patients. We ask that speakers refrain from disclosing or discussing the PHI of others. Please also know that, should you decide to disclose your PHI, the Trustees will still likely refer your matter, to

the extent it involves PHI, to the executive staff for a confidential review of the facts and for confidential handling. If you would like more information regarding the confidentiality of PHI as it relates to the Health Insurance Privacy and Accountability Act, please refer to 45CFR Section 164.101, et.seq.

A. ACTION: Approval of Minutes of the July 16, 2025 Human Resources Committee Meeting

ALAMEDA
HEALTH SYSTEM

HUMAN RESOURCES COMMITTEE MEETING

July 16, 2025
5:30pm-7:00pm

Conference Center at Highland Care Pavilion
1411 East 31st Street Oakland, CA 94602
Ronna Jojola Gonsalves, Clerk of the Board
(510) 535-7515

LOCATION:
Open Session: Telephonic/Electronic Meeting

MEMBERS
Lilavati Indulkar, MD
Donna Linton
Nely Obligacion
Rachel Richman
David Sayen, Chair

HUMAN RESOURCES COMMTITEE MEETING MINUTES

THE MEETING WAS CALLED TO ORDER AT: 5:32 pm

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Lilavati Indulkar, MD, Donna Linton, Nely Obligacion, Rachel Richman, David Sayen

Absent: None

PUBLIC COMMENT: None

A. ACTION: Approval of Minutes of the April 16, 2025 Human Resources Committee Meeting

Trustee Linton moved and Trustee Obligacion seconded to approve the Minutes of the April 16, 2025 Human Resources Committee Meeting.

ACTION: A motion was made and seconded to approve the Minutes of the April 16, 2025 Human Resources Committee Meeting. A roll call was taken, and the motion passed.

NOTE: In the event that a quorum of the Board of Trustees participates on this Committee, the meeting is noticed as a Special Meeting of the Board of Trustees; however, no final Board of Trustees action can be taken.

AYES: Trustees Indulkar, Linton, Obligacion, Sayen
NAYS: None
ABSTENTION: Richman

B. INFORMATION/DISCUSSION: HR Dashboards

Justin Nool, Director of Talent Management
Karen Skillman, Director of HRIS and HR Operations
Greg Stephens, Manager, Leave Programs

Trustee Indulkar asked if, once a position was open and candidates started applying, the team was alerted when CVs hit the in box in real time or if there was a delay. Mr. Nool said there was sometimes a lag. The recruitment team had a service line agreement that within two business days of receiving an application, they would review and provide dispositions on whether the candidate is qualified or not to move forward with the process.

Trustee Obligacion asked if the time-to-fill included everything from posting the job opening to interviews. Mr. Nool said they calculated the time-to-fill from the date the position opened until the offer was accepted, and they averaged the number of days in between. Trustee Obligacion asked if the 60 day time-to-fill was average in the field. Mr. Nool said they did benchmark with nationally and about 63 days was average.

Trustee Indulkar asked if it be possible to have a breakdown between internal and external candidate applicants for the physician side. Mr. Nool said they could do that and bring it back to the Committee.

Trustee Sayen asked if they standardized Worker's Compensation mitigation efforts for the location or type of facility and if these accidents happened more at specific locations. Mr. Stephens said Highland had the majority of injuries, as it had the majority of the population. They saw quite a few of the patient-to-employee assaults at John George. Slip and fall is one of those injuries that was preventable. Environmental Services did a great job with signage when mopping the floors. People were often just distracted and not noticing their environment.

Trustee Sayen asked if they were able to discern meaningful differences among different locations within the system in terms of the reasons people leave and how they rate the organization. Ms. Skillman said they could bring that information to the Committee at the next meeting.

Trustee Obligacion asked how they marketed the exit interview to get more people to participate. She suggested an incentive of some type. Mr. Nool said that they were working with the vendor to develop a way to improve the process. The current process was conducted via phone calls. They would like to establish a process that uses texts and were working on other ways to improve the rate of response. Trustee Obligacion said her organization conducted exit interviews soon after they found out an employee was leaving, while they were still there. Mr. Jackson said he liked the idea of being more aggressive with soliciting the responses.

Trustee Sayen said the Federal Government conducted exit interviews when the employee turned in their badge. He agreed that incentives might help.

Trustee Linton said she liked the idea of an independent vendor as it provided shielding for the staff members. In house interviews could dissuade people from being as open as they might be with an external vendor. She said it could be also the case that separated employees are more likely to leave feedback when their experience has been very good or very bad. She spoke regarding the feedback being part of the evaluations of leaders. Mr. Jackson said that was a good opportunity. Ms. Gomez said they have found that some former staff do prefer to speak to an external person as it lends a level of anonymity for the interviewee. She also agreed that using the data in a manner that would allow for feedback to everyone would be a helpful way to use the information.

C. INFORMATION/DISCUSSION: HR Division Updates
Camille Salter, Manager of Leadership Development and Training
Justin Nool, Director of Talent Management
Ulysses Madison, Director of People Operations

Trustee Sayen asked how many applicants the mentor program received and if it was more than they were able to accommodate, how they chose who could participate. Ms. Salter said that all applicants have been matched based on what they are interested in and what their goals were. If there was a waitlist, they would add them to the next cohort.

Trustee Obligacion said she could not understand the number of days it took to resolve grievances. She asked that they add information regarding how many grievances were resolved and how many were unresolved in future reports. Trustees often heard when grievances were not handled in a timely manner.

Trustee Linton said it would be helpful to know if the grievance was sustained or not. It would be interesting to know if the findings supported the grievance.

Trustee Indulkar asked when a grievance was considered closed and if there was an acknowledgement required from both sides. Mr. Madison said generally acknowledgements were needed for closure. They were constantly working on closing out the grievances.

D. CHRO Update
Arleen Gomez, Interim Chief Human Resources Officer

Trustee Indulkar asked if the information from the Affinity Groups was somehow percolating up so that it is available to the general organization. Ms. Gomez said they used to record and post the meetings, but they don't anymore as conversations were often sensitive and candid. They did have an opportunity to spread information that came out of the conversations.

Trustee Indulkar asked how they applied the data from the HEDI B group to the clinical settings. Ms. Gomez said she would ask Dr. Swift to bring that information back.

Trustee Linton asked for three things Ms. Gomez would want to see either improvement in or issues addressed during the current fiscal year. Ms. Gomez said she would start with the tremendous opportunities with the labor unions. A goal would be to have all the MOUs have the same types of programs and benefits. Some departments have opportunities for increased stability and bench strength. She also would like to see HR placed at each site so they can be more available to staff.

ADJOURNMENT: 7:21

Agenda Items B, C, and D Presentation

Human Resources Committee

Board of Trustees

October 15, 2025

Agenda

01 HR Dashboards

02 HR Division Updates
- Grievances
- HealthPATH Programs
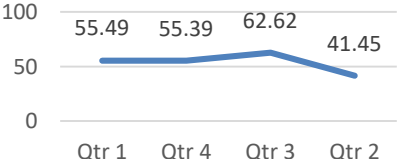- Wellness Programs

03 CHRO Report

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Human Resources Presenters

- **Justin Nool**, Director of Talent Management

- **Karen Skillman**, Director of HRIS and HR Services

- **Greg Stephens**, Manager of Leave Programs

- **Ulysses Madison**, Director of People Operations

- **Joilah James and Joseph Peters**, Directors of HealthPATH Operations and Programs

- **Sofia Newton**, Wellness Program Manager
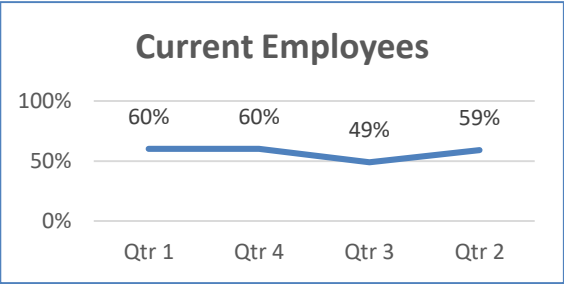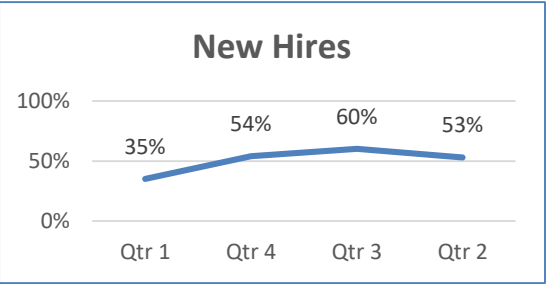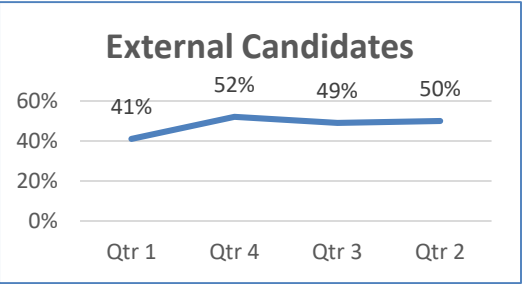
HR Dashboards

HR Dashboard

Dashboard Item	Description	Current Qtr/FY Q1 FY26 (Jul 1 to Sept 30 2025)	Previous Qtr/FY Q4 FY25 (Apr 1 to June30 2025)	Benchmark / Source	Target goal		Strategic Alignment	Details
Time to Fill	Days it takes to fill a position after an opening has been posted	**All numbers are calendar days, total number of positions filled per category in parenthesis:** Admin, Business & Clinical Support (37): 46.62 Allied Health (73): 79.60 Business Professional & IT (12): 81.83 Care Management: (10): 40.8 Management (21): 65.29 Mental Health & Social Services (7): 37.14 Nurse Practitioner/Physician Assistant (8): 128.25** Nursing (159): 41.53 Physicians & Dentists (23): 86.56** Service & Trade (34): 71.79 **Total Jobs Filled**: 384 (207 External, 177 Internal) **Total Average time to Fill**: 55.49 Days **Total Average Time to Fill (External)**: 77.04 Days **Physician and NP/PA metrics are not included	**All numbers are calendar days, total number of positions filled per category in parenthesis:** Admin, Business & Clinical Support (49): 33.14 Allied Health (76): 45.13 Business Professional & IT (14): 57.86 Care Management: (17): 79.65 Management (9): 121.78 Mental Health & Social Services (7): 90.14 Nurse Practitioner/Physician Assistant (6): 140.00** Nursing (187): 57.95 Physicians & Dentists (23): 78.65** Service & Trade (36): 58.31 **Total Jobs Filled**: 424 (221 External, 203 Internal) **Total Average time to Fill**: 55.39 Days **Total Average Time to Fill (External)**: 72.88 Days **Physician and NP/PA metrics are not included	51 days	51 days	↑	Workforce Sustainability	In Q1 FY26, there was a decrease of 40 positions filled compared to Q4 FY25, which represents a 9.4% decline with a total of 384 positions filled. This moderation follows the prior quarter's high-volume recruitment activity and reflects a transition from expansion to operational stabilization. Both internal and external hires remained balanced, with 207 external and 177 internal fills. The average time to fill positions increased slightly by 0.1 days in Q1, from 55.39 days in Q4 to 55.49 days in Q1. While relatively unchanged, this demonstrates the team's ability to maintain hiring velocity even with fewer overall requisitions and ongoing focus on quality-of-hire and operational efficiency. However, the external time to fill increased by 4.16 days, from 72.88 days in Q4 to 77.04 days in Q1, largely due to a requisition rebalance that allowed for the recruitment team to optimize their search bandwidth and closed aged requisitions. Key gains were seen in: Nursing, Care Management, Leadership/Management, Mental Health & Social Services Areas of opportunity include Allied Health, Business Professional and IT, Service & Trade, and Physician Overall, Q1 reflects steady hiring performance and sustained recruitment process stability. The stabilization of fill times across high-volume job categories underscores the system's improved efficiency and readiness, even as we continue to address hard-to-fill specialized and technical roles.

Time to Fill

	Qtr 1	Qtr 4	Qtr 3	Qtr 2
	55.49	55.39	62.62	41.45

HR Dashboard

Dashboard Item	Description	Current Qtr/FY Q1 FY26 (Jul 1 to Sept 30 2025)	Previous Qtr/FY Q4 FY25 (Apr 1 to June30 2025)	Benchmark / Source	Target goal		Strategic Alignment	Details
Time to Onboard Employees	Days from offer accepted to first day at work	**All numbers are calendar days, total number of positions filled per category in parenthesis:** Admin, Business & Clinical Support (37): 24.48 Allied Health (73): 18.8 Business Professional & IT (12): 45.66 Care Management: (10): 22.2 Management (21): 33.57 Mental Health & Social Services (7): 13.43 Nurse Practitioner/Physician Assistant (8): 30.25** Nursing (159): 19.28 Physicians & Dentists (23): 23.26** Service & Trade (34): 25.20 **Total Jobs Filled**: 384 (207 External, 177 Internal) **Total Average Time to onboard**: 22.01 Days **Total Average Time to onboard (External)**: 19.59 Days **Physician and NP/PA metrics are not included	**All numbers are calendar days, total number of positions filled per category in parenthesis:** Admin, Business & Clinical Support (49): 39.35 Allied Health (76): 16.11 Business Professional & IT (14): 37.43 Care Management: (17): 32.35 Management (9): 48.22 Mental Health & Social Services (7): 10.57 Nurse Practitioner/Physician Assistant (6): 48.00** Nursing (187): 20.03 Physicians & Dentists (23): 39.87** Service & Trade (36): 22.25 **Total Jobs Filled**: 424 (221 External, 203 Internal) **Total Average time to Onboard**: 23.49 Days **Total Average Time to Onboard External Employees** 25.41 Days		19 days	↑	Workforce Sustainability	The average time to onboard decreased by 1.48 days, from 23.49 days in Q4 FY25 to 22.01 days in Q1 FY26, marking a 6.3% improvement. This progress reflects the continued impact of process optimization and cross-department collaboration between Recruitment Coordination, Employee Health, and Operations. The team's efforts to improve candidate documentation readiness and start-date forecasting have contributed to more predictable and timely onboarding outcomes. More significantly, the average time to onboard external employees **improved** by 5.82 days, from 25.41 days in Q4 to 19.59 days in Q1, representing a 22.9% improvement. This reduction demonstrates measurable progress toward the system's 19-day benchmark goal, signaling that early engagement and coordination efforts are beginning to yield tangible results. These improvements can be attributed to sustained focus on pre-employment readiness, better candidate follow-through, and enhanced coordination to streamline health screening and background check processes. Our rapid improvement pilot proved sustainable which yielded faster start-date alignment, compliance assurance checkpoints, and centralized communications. This has continued to reduce variability and improve candidate experience. If these gains are maintained, the current trajectory suggests that we are on pace to achieve benchmark onboarding performance in future quarters while sustaining quality, compliance, and candidate readiness standards.

Time To Onboard

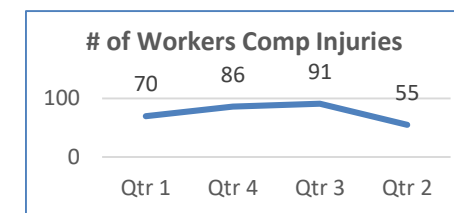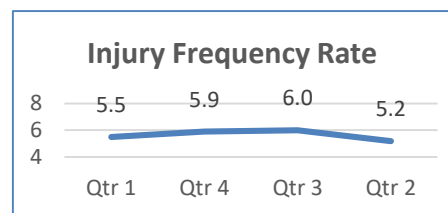|	Qtr 1	Qtr 4	Qtr 3	Qtr 2
50	22.01	23.49	27.66	29.59
0				

HR Dashboard

Dashboard Item	Description	Current Qtr/FY Q1 FY26 (Jul 1 to Sept 30 2025)	Previous Qtr/FY Q4 FY25 (Apr 1 to June30 2025)	Benchmark / Source	Target goal		Strategic Alignment	Details
Residents of Alameda County **External Applicants** _____ **New Hires** _____ **Current Employees**	Percent of external applicants, new hires, and current employees that reside in Alameda County	2912 out of 7170 (40.6%) _____ 109 out of 311 (35%) _____ 3525 out of 5923 (59.5%)	3085 out of 5879 (52%) _____ 147 out of 274 (54%) _____ 3505 out of 5889 (60%)				Workforce Sustainability	Resumed attending virtual and in-person job fairs. Planning university and residency outreach. Created partnerships with local community organizations. Formed partnership with the EDD. Working with niche job posting sites to increase employment of local community residents at AHS.

External Candidates

	Qtr 1	Qtr 4	Qtr 3	Qtr 2
	41%	52%	49%	50%

New Hires

	Qtr 1	Qtr 4	Qtr 3	Qtr 2
	35%	54%	60%	53%

Current Employees

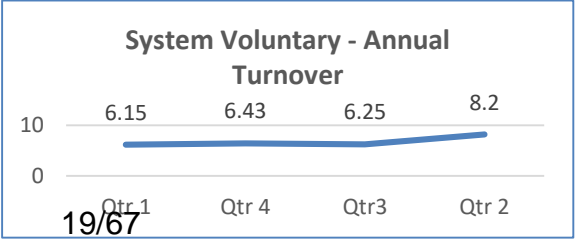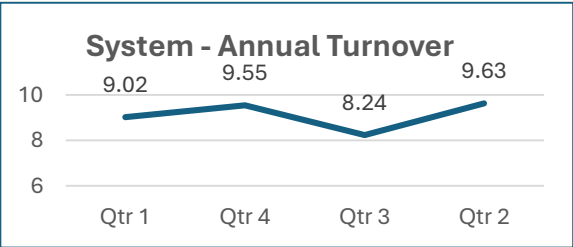|	Qtr 1	Qtr 4	Qtr 3	Qtr 2
	60%	60%	49%	59%

HR Dashboard

Dashboard Item	Description	Current Qtr/FY Q1 FY26 (Jul 1 to Sept 30 2025)	Previous Qtr/FY Q4 FY25 (Apr 1 to June 30 2025)	Benchmark / Source	Target goal		Strategic Alignment	Details
Workers' Compensation Lost Days	Days employees are unable to work due to a work related injury	3.13 avg days per FTE	2.62 avg days per FTE	3.40 avg days per fte	3.40 avg days per fte	↓	Workforce Sustainability	Total productive hours in Q1 rose slightly compared to Q4 (Q1:2,349,146 /Q4: 2,276, 984) which led to increase in lost days. However, overall, still below benchmark/target of 3.40. Factors that impact lost days: claims severity (which impacts total time needed off of work) and AHS' ability to provide modified duty in order to limit time away from work.
Injury Frequency Rate	Measures how often an injury occurs relative to productive hours worked.	5.5	5.9	6.4	6.4	↓	Workforce Sustainability	For the metric of "Injury Frequency Rate" (Claim count/FTE x 100), AHS saw a slight decrease in IFR. However, remains below 6.4 benchmark/target. Overall, AHS continues tracking to a lower IFR than previous fiscal years.
# of Workers' Comp Injuries	Number of Workers' Compensation Injuries	70	86	70 (updated for FY26)	70 (updated for FY26)	↓	Workforce Sustainability	70 injuries for Q1 represents an 18.6% decrease over Q4. Top injury causes for Q4: Struck or injured by (patient to staff) - 21; Strain/injury by (patient handling related) - 18; Slip/trip/falls - 14. These 3 injury causes account for 76% of all injuries for Q1. All injuries are reviewed in monthly MOR meetings for staff awareness & mitigation efforts.

Worker's Comp Lost Days

	Qtr 1	Qtr 4	Qtr 3	Qtr 2
	3.13	2.62	2.33	1.82

Injury Frequency Rate

	Qtr 1	Qtr 4	Qtr 3	Qtr 2
	5.5	5.9	6.0	5.2

# of Workers Comp Injuries

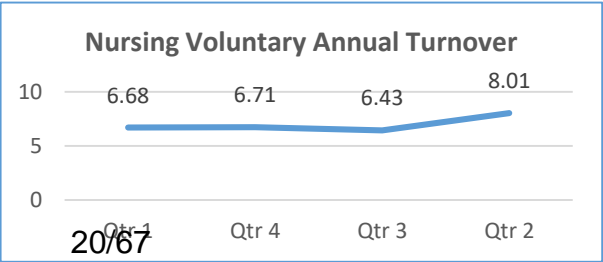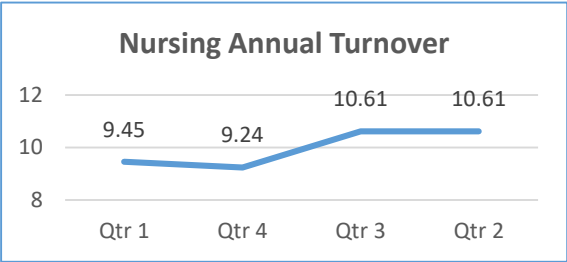|	Qtr 1	Qtr 4	Qtr 3	Qtr 2
	70	86	91	55

HR Dashboard

Dashboard Item	Description	Current Qtr/FY Q1 FY26 (Jul 1 to Sept 30 2025)	Previous Qtr/FY Q4 FY25 (Apr 1 to June30 2025)	Benchmark / Source	Target goal		Strategic Alignment	Details
Annual Turnover - System **Overall - Annualized/Qtrly** _____ **First Year - Annualized/Qtrly** _____ **Second Year - Annualized/Qtrly**	Number of separations divided by Number of Employees	Annualized - 9.02% Quarterly - 2.26% term count = 129 _____ Annualized - 23.96% Quarterly - 5.99% term count = 39 _____ Annualized - 12.89% Quarterly - 3.22 % term count = 23	Annualized - 9.55% Quarterly - 2.39% term count = 135 _____ Annualized - 26.22% Quarterly - 6.55% term count = 43 _____ Annualized - 12.74% Quarterly - 3.18 % term count = 22	16.70%	11.80%	⬇	Financial benefit - save cost of hiring, onboarding new employees / Workforce - maintaining quality of care through consistent workforce	Reviewing data on top voluntary term reasons (from exit interview data); launched turnover dashboard to leaders in April; Exit interview dashboard launched in May 2023 to provide transparency to leaders. Sharing turnover data with AHS leadership at department meeting; conducted work group exercise to discuss turnover and retention strategies. Top Term Reasons: Resignation (66); HR Non-Compliance (21); Retirement (14); Disp Action (7); Failed Probation (7)
Annual Turnover - System (Voluntary Separations Only) **Overall - Annualized/Qtrly** **First Year - Annualized/Qtrly** **Second Year - Annualized/Qtrly**	Number of Voluntary separations divided by Number of Employees	Annualized - 6.15% Quarterly - 1.54% term count = 88 _____ Annualized -11.06% Quarterly - 2.76% term count = 18 _____ Annualized - 8.96% Quarterly - 2.24 % term count = 16	Annualized - 6.43% Quarterly - 1.61% term count = 91 _____ Annualized -17.68% Quarterly - 4.42% term count = 29 _____ Annualized - 10.42% Quarterly - 2.60 % term count = 18	16.70%	11.80%	⬇	Financial benefit - save cost of hiring, onboarding new employees / Workforce - maintaining quality of care through consistent workforce	Top Term Reasons: Resignation (66); Retirement (14)

System - Annual Turnover

9.02	9.55	8.24	9.63
Qtr 1	Qtr 4	Qtr 3	Qtr 2

System Voluntary - Annual Turnover

6.15	6.43	6.25	8.2
Qtr 1	Qtr 4	Qtr3	Qtr 2

Quarterly turnover rates are annualized to get a projected annual rate. Quarterly turnover rate is multiplied by 4 to calculate annualized rates.
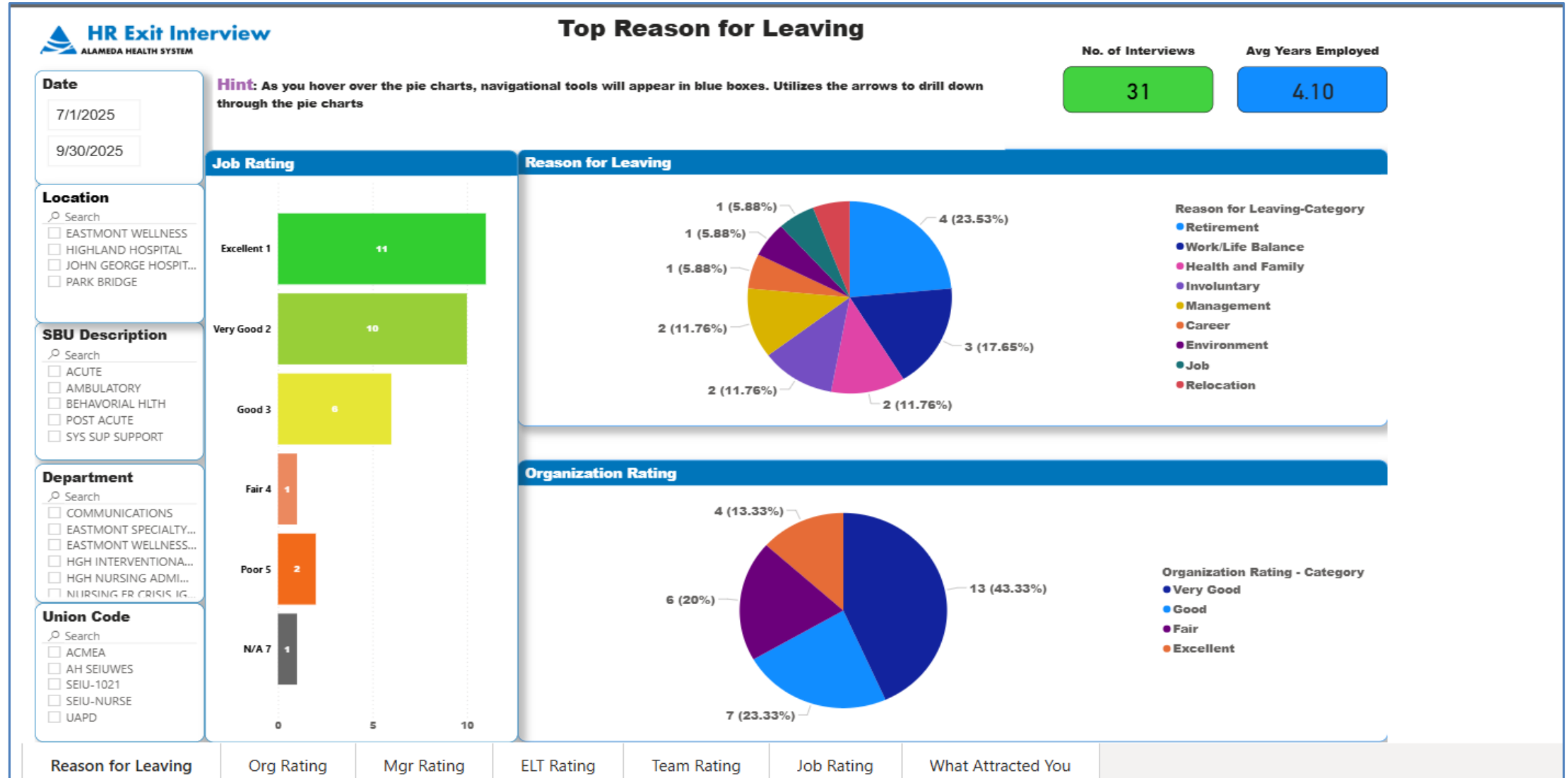
HR Dashboard

Dashboard Item	Description	Current Qtr/FY Q1 FY26 (Jul 1 to Sept 30 2025)	Previous Qtr/FY Q4 FY25 (Apr 1 to June 30 2025)	Benchmark / Source	Target goal		Strategic Alignment	Details
Annual Turnover - Nursing (all) **Overall - Annualized/Qtrly** _____ **First Year - Annualized/Qtrly** _____ **Second Year - Annualized/Qtrly**	Number of Nursing separations divided by Number of Nursing Employees	Annualized - 9.45% Quarterly - 2.36% term count = 41 _____ Annualized - 21.57% Quarterly - 5.39% term count = 11 _____ Annualized - 16.06% Quarterly - 4.01% term count = 11	Annualized - 9.24% Quarterly - 2.31% term count = 40 _____ Annualized - 20.08% Quarterly - 5.02% term count = 12 _____ Annualized - 11.16% Quarterly - 2.79% term count = 7	14.70%	11.80%	↓	Financial benefit - save cost of hiring, onboarding new employees / Workforce - maintaining quality of care through consistent workforce	Reviewing data on top voluntary term reasons (from exit interview data); launched turnover dashboard to leaders in April; Launched exit interview dashboard in May 2023 to provide transparency to leaders. Sharing turnover data with AHS leadership at department meeting; conducted work group exercise to discuss turnover and retention strategies. Top Term Reasons: Resignation (22); HR Non-Compliance (7); Retirement (4); Disp Act (2); Fail Prob (2)
Annual Turnover - Nursing Voluntary Separations Only) **Overall - Annualized/Qtrly** _____ **First Year - Annualized/Qtrly** _____ **Second Year - Annualized/Qtrly**	Number of Nursing Voluntary separations divided by Number of Nursing Employees	Annualized - 6.68% Quarterly - 1.67% term count = 29 _____ Annualized - 11.76% Quarterly - 2.94% term count = 6 _____ Annualized - 11.68% Quarterly - 2.92% term count = 8	Annualized - 6.71% Quarterly - 1.68% term count = 29 _____ Annualized - 15.06% Quarterly - 3.77% term count = 9 _____ Annualized - 7.97% Quarterly - 1.99% term count = 5	16.70%	11.80%	↓	Financial benefit - save cost of hiring, onboarding new employees / Workforce - maintaining quality of care through consistent workforce	Top Term Reasons: Resignation (22); Retirement (4)

Nursing Annual Turnover

	Qtr 1	Qtr 4	Qtr 3	Qtr 2
	9.45	9.24	10.61	10.61

Nursing Voluntary Annual Turnover

	Qtr 1	Qtr 4	Qtr 3	Qtr 2
	6.68	6.71	6.43	8.01

Quarterly turnover rates are annualized to get a projected annual rate. Quarterly turnover rate is multiplied by 4 to calculate annualized rates.

Exit Interview Dashboard

HR Dashboards

Currently HR has 3 Dashboards
Created with AHS Business Intelligence Team
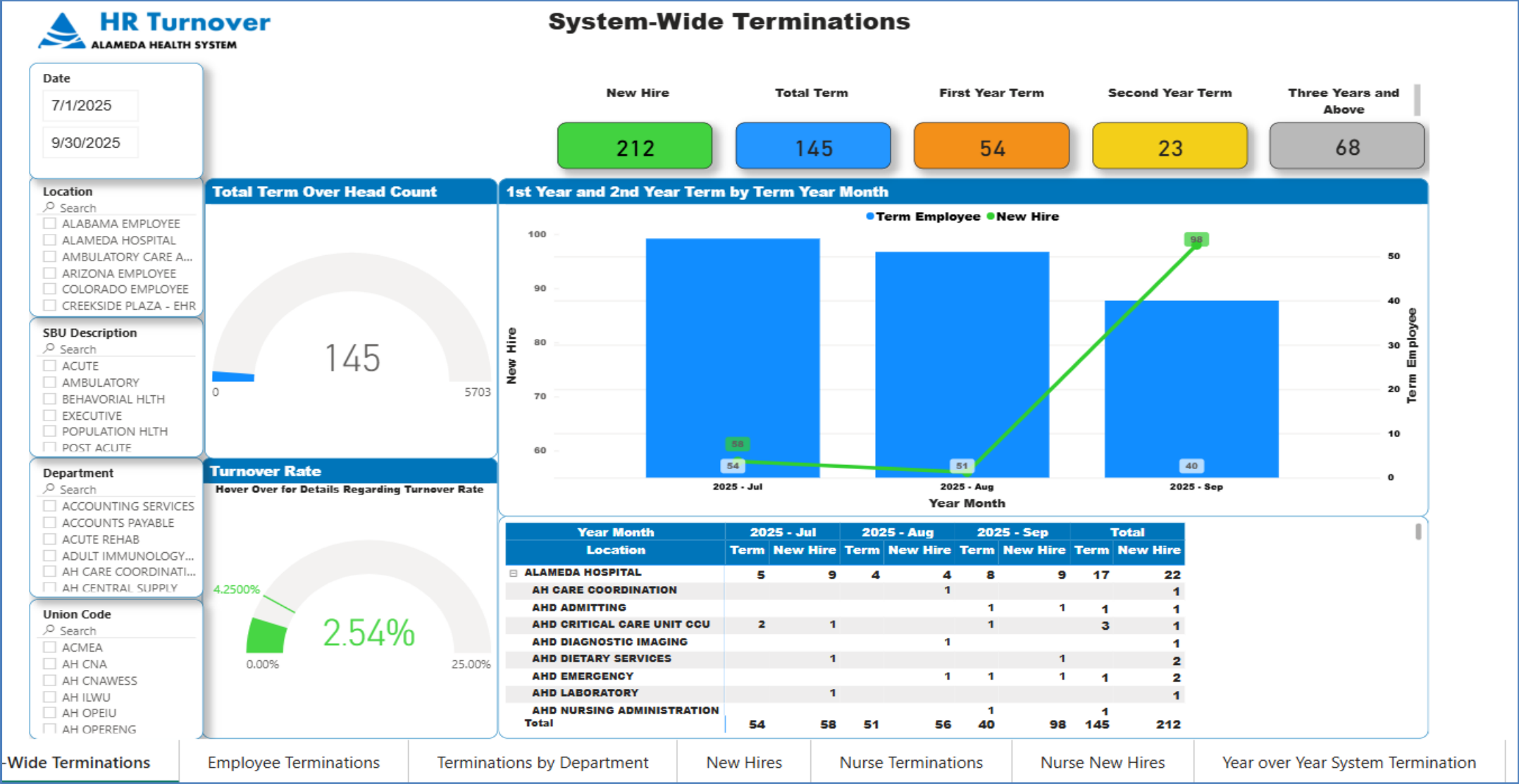Access through AHS Connects (intranet page)
HR Division
Click on HR Dashboards

WELCOME TO HUMAN RESOURCES

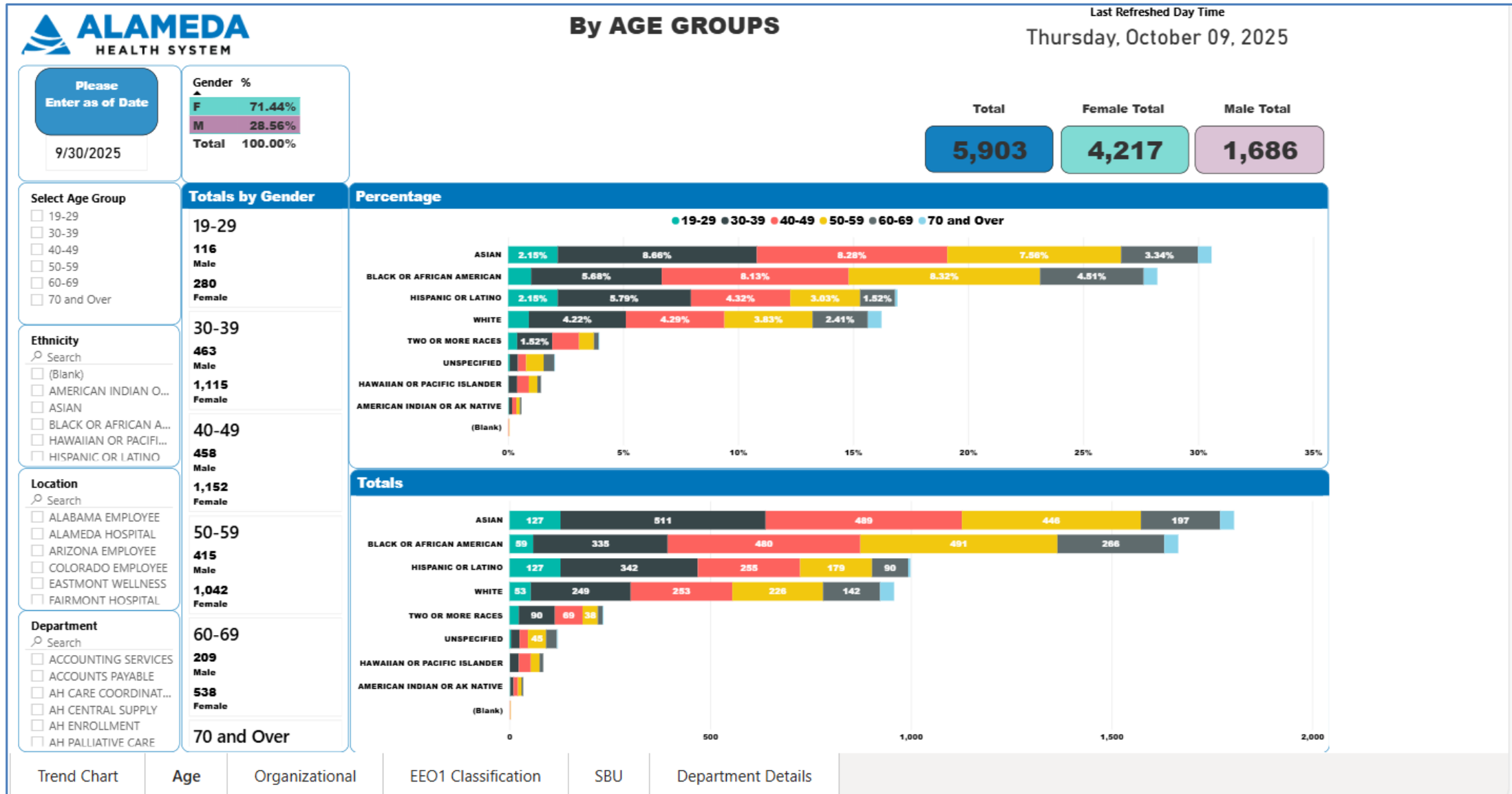| PASSPORT | HEALTHY ME | HR POLICIES | HR DASHBOARDS | AFFINITY GROUPS |

- Turnover Dashboard – limited to Manager and above
- Exit Interview Dashboard – limited to Manager and above

HR Turnover Dashboard

HR Diversity Dashboard

Grievance Data

Ulysses Madison
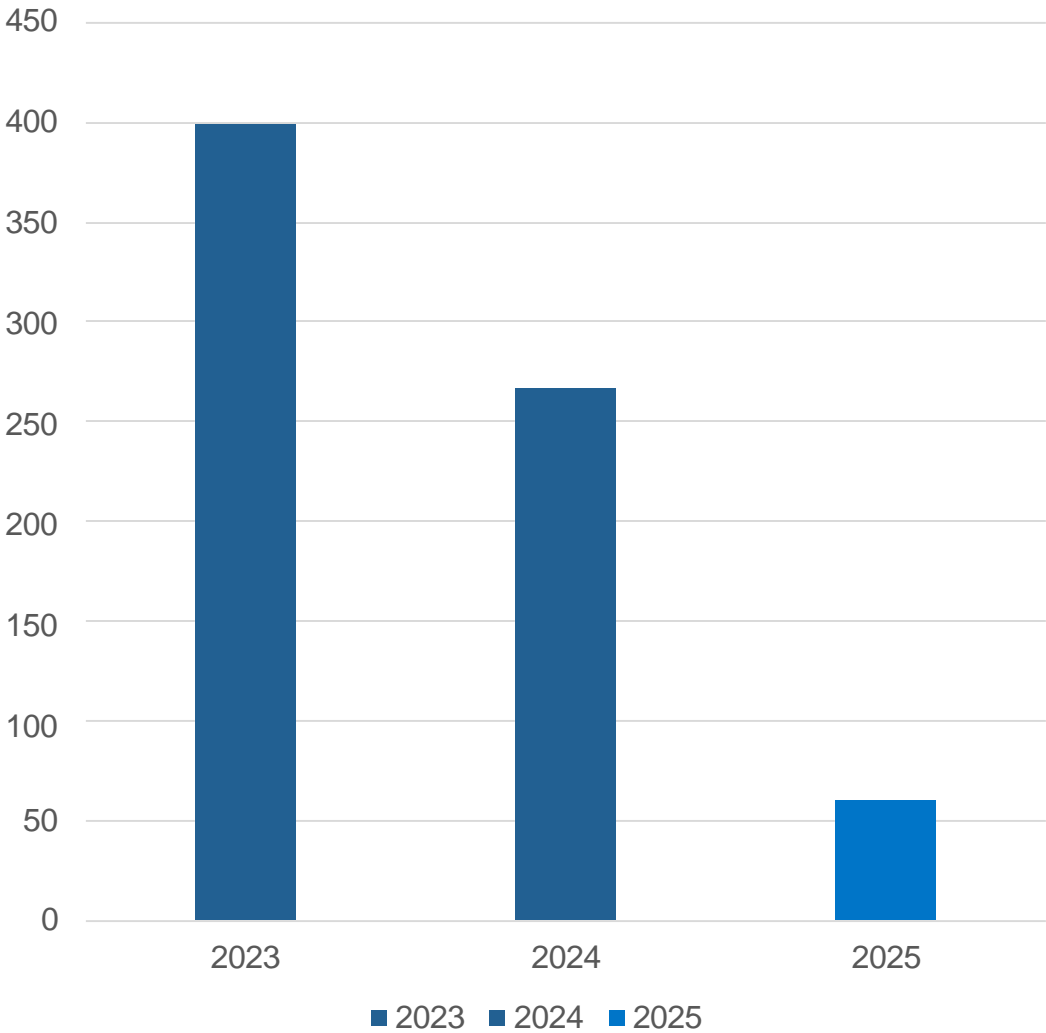
Director, People Operations

Grievances

Average Days to Resolve

Total Grievances Filed Per Year

2023	2024	2025
160	231	175

Average Days to Resolve

From receipt to closure – Line Graph

- 2023: 399 Days
- 2024: 267 Days
- **2025**: 60 Days

Volume of Grievances – Monthly Breakdown

Month	2023	2024	2025
Jan	20	16	**13**
Feb	11	14	**20**
Mar	17	17	**30**
Apr	13	16	**14**
May	20	17	**24**
Jun	10	23	**41**
Jul	12	13	**15**

Month	2023	2024	2025
Aug	7	17	**17**
Sep	10	18	**21**
Oct	10	30	*In Progress*
Nov	12	24	
Dec	18	26	
Average per month	11.83	19.25	22

ALAMEDA
HEALTH SYSTEM

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Grievances Issue Types - 2023-2025

2023

Grievance Issues	%	Count
Discipline	19%	31
Shift	11%	17
Pay	10%	16
Unilateral Change	9%	15
Schedule	7%	11
PTO	6%	10
Position	6%	10
Discrimination	5%	8
Retaliation	4%	7
Staffing	2%	3

2024

Grievance Issues	%	Count
Schedule	25%	59
Discipline	25%	59
Pay	12%	27
Overtime	7%	16
Position	4%	10
Conversion	4%	9
Harassment	3%	8
Unilateral Change	3%	8
PTO	3%	7
Differential	3%	7

2025

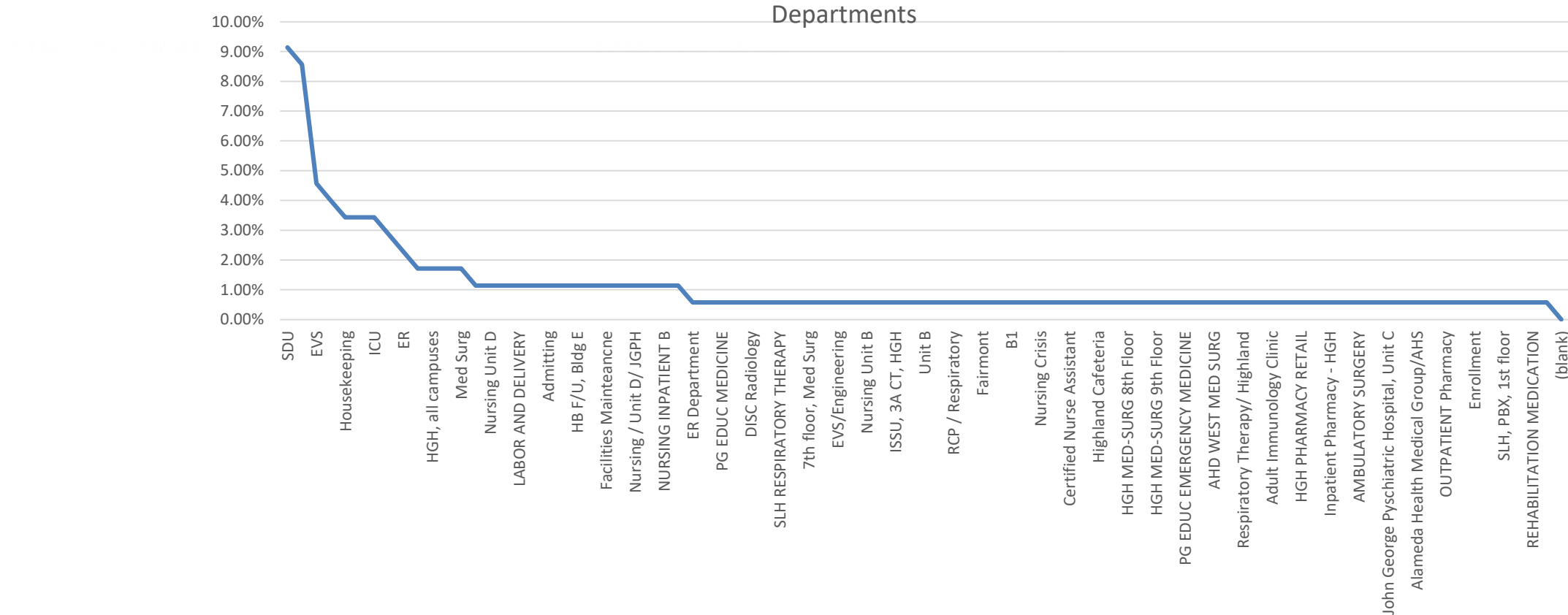| Grievance Issues	%	Count
Discipline	23%	27
Staffing	13%	15
Pay	13%	15
Schedule	12%	14
Shift	11%	13
Conversion	8%	9
Vacancy	4%	5
Position	3%	3
PTO	3%	3
Overtime	2%	2

Grievance by unions

2025

2025 Grievances by Union
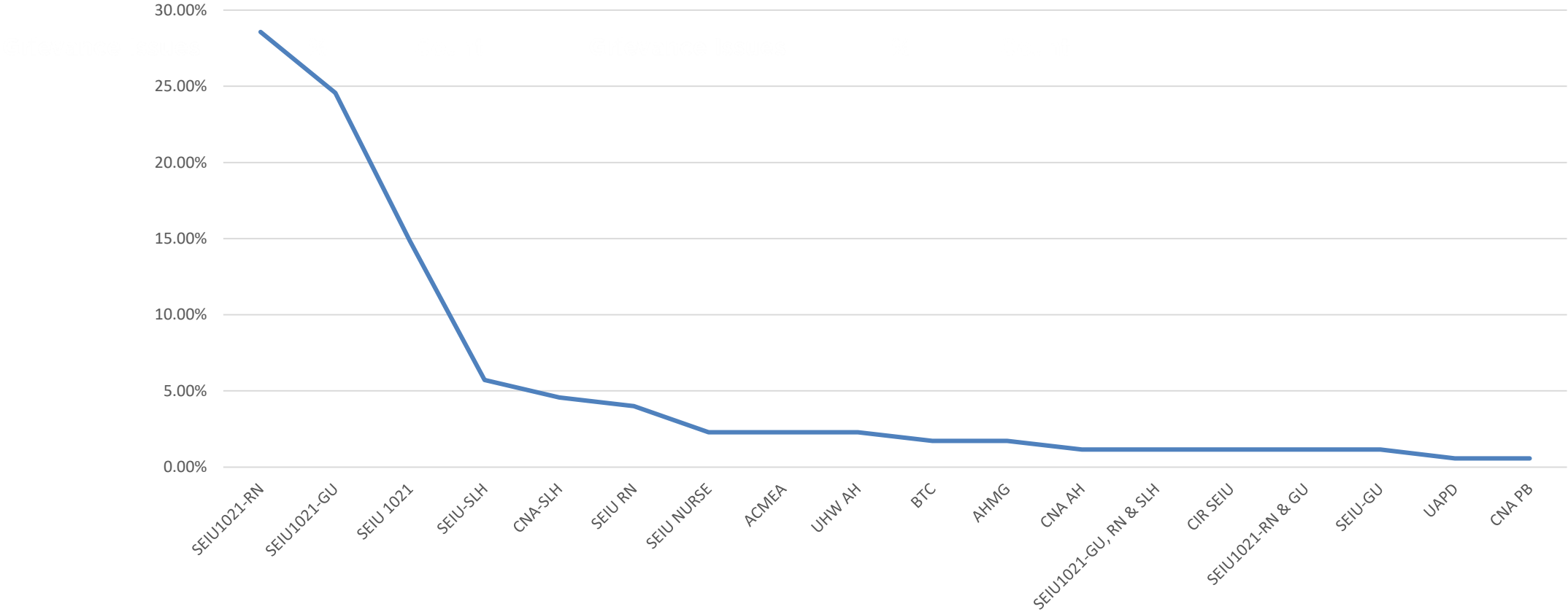
Grievance by Departments 2025

Departments

Percentages of matters closed at indicated step   2025

10-4-2025 evaluation of Percentages of matters at indicated step:			
Total closed matters	89		
Total matters filed	175		
Closed at S1	11	12%	
Closed at S2	59	66%	
Closed at S3	19	21%	

ALAMEDA
HEALTH SYSTEM

HealthPATH

Joilah James, Director of Operations
Joseph Peters, Director of Programs

HealthPATH

A Career Development Program of Alameda Health System

HealthPATH

A Career Development Program of Alameda Health System

Through internships, volunteer opportunities, and other work-based learning experiences, youth and young adults—from middle school through early adulthood—gain firsthand knowledge of healthcare careers and interact with caring professionals who give their time to mentor the next generation of healthcare workers.

WHAT WE DO

Each year, more than 500 youth from Alameda County's underserved communities participate in HealthPATH's hands-on internships and other work-based learning experiences at AHS's hospitals and clinics.

HealthPATH promotes academic excellence and skills for life and career success—and helps young people give back to the communities where they grew up.

WHY WE DO IT

One of the most important factors contributing to individual and community health and well-being is economic security. And this requires access to stable, well-paying jobs.

At the same time, we are cultivating the next generation of healthcare workers who come from the communities we serve and reflect our patient population.

HealthPATH represents a major investment in the health and well-being of our youth and our communities.

Amal Sharif
HealthPATH Student

A CONTINUUM OF PROGRAMS

HealthPATH offers learning and professional opportunities
from middle school through young adulthood.

Health Explorers Young Men & Women of Color Internship

Health Excellence & Academic Leadership (HEAL) Program

Next Level Youth Internship Program

On-Ramp to Health Careers Internship

Gateway to Health Careers Internship

CNA Highway to Work Program

ER Tech Highway to Work Program

150 Students Served

2,320 Students Served

8 Students Served

69 Students Served

112 Students Served

28 Students Served

35 Students Served

Middle School → High School → Transition Age Youth → College →

Career Training & Employment

WHO WE SERVE

Race/Ethnicity	Percentage
Asian	9 %
East Asian	4 %
South Asian	.5 %
Southeast Asian	5 %
Black or African American	19 %
Hispanic or Latino	48 %
Middle Eastern	2 %
Native American or Alaskan Native	.5 %
Native Hawaiian or Pacific Islander	1 %
White/Caucasian	2 %
Two or More	7 %
Other	2 %

Gender	Percentage
Female	68 %
Male	31 %
Transgender	.5 %
Non-binary	.5 %

Ethnicity of AHS Patient Population vs Workforce Diversity vs HealthPATH Population
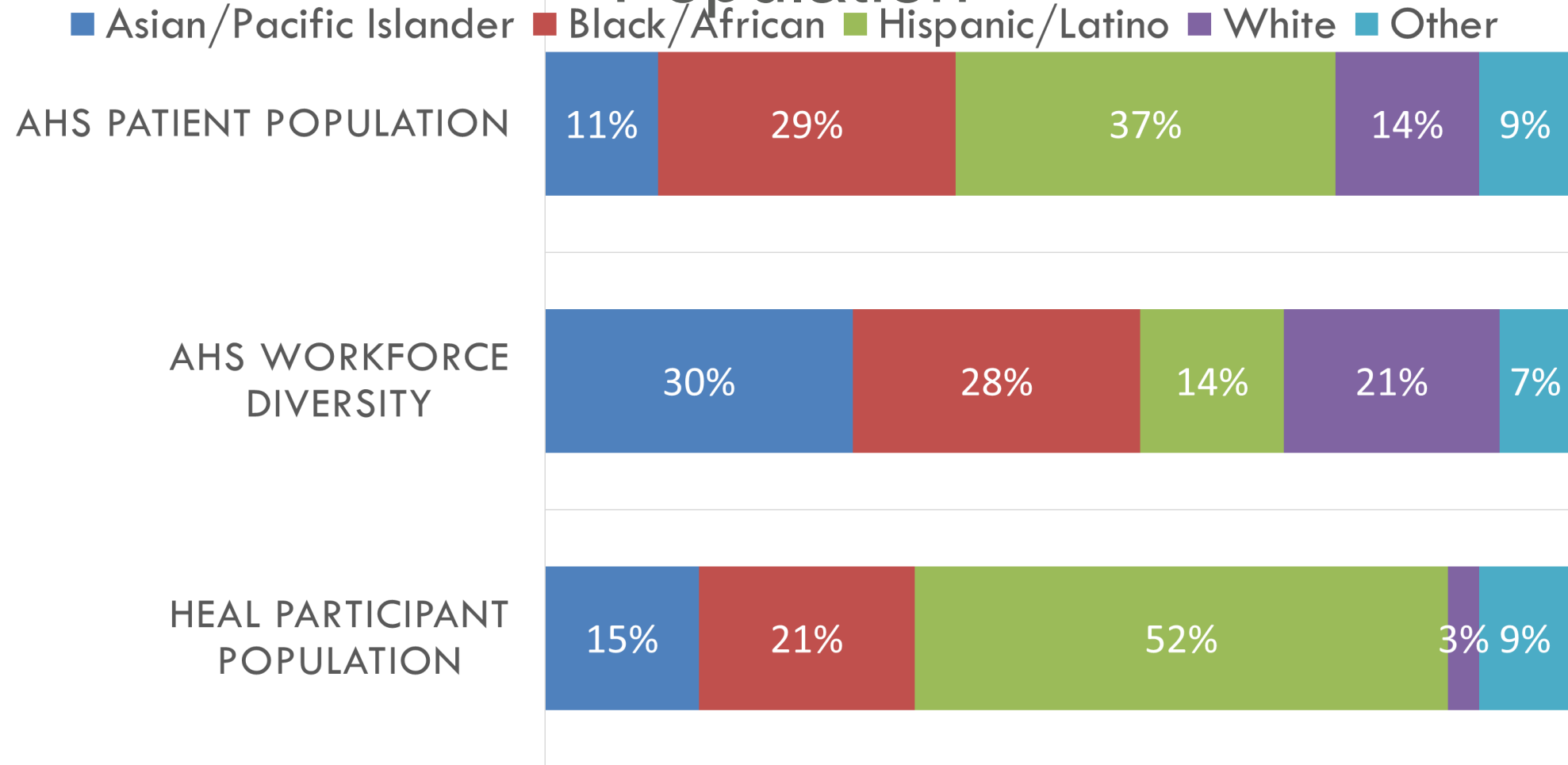
WHO WE SERVE

- Approximately 78% of HealthPATH students are low-income (eligible for National School Lunch Program)

- First in your family to…
  Graduate from high school   21%
  Attend college
                    27%

  Graduate from college
      29%

Highlight: CNA & ER Tech Highway to Work Programs

- Launched in summer 2022 the Highway to Work (HtW) Programs were designed to create a more direct pathway from training program to employment to address the needs of providing recent graduates with an entry level career opportunity with potential for growth, that also pay a family sustaining wage.
- Participants are certified in entry level health careers that pay a family sustaining wage.
- Receive certificate in entry level health careers that have opportunities for career advancement and upward social mobility.
- **Target Population:**
  - 18-24/Transition Age Youth
  - Alameda County
  - Not enrolled in college/may not self-identify as college bound

Highlight: CNA & ER Tech Program Breakdown

Clinical Training	Professional Development	Barrier Mitigation
• **Stackable Certifications** - Students receive at least 2 industry i.e., CPR/BLS, Stop the Bleed, CNA and/or Phlebotomy • **Didactics and Supplemental Clinical Trainings** - Additional trainings on patient transportation, sanitization, vitals, infection prevention, etc. taught by Highland ED staff • **Healthcare Communications Course** - Clinical communication best practices taught by UCSF Pediatrician Dr. Emily Frank	• **Career Readiness** - Resumes, cover letters, mock interviews, application support • **Community College Credit** - 3 units of CSU transferable credit through Berkeley City College • **Explicit Study Skills Instruction** - Structured study sessions to develop study habits needed for postsecondary success • I**ncentives for passing exams** - Rewarding students for hard work and success • **Mentorship** - Paired with a preceptors in the ED and at SNF sites • **Career Exploration Visits** - UCSF Critical care transport, SF & Oakland Fire Stations, etc.	• **"Earn and Learn" Model** - Students receive a stipend based on the program hours • **Tuition free** - We invest in students by paying their full tuition for all trainings, certifications, and exams • **Transportation support -** Clipper cards & AC Transit passes provided at outset of program • **Uniforms** - Provide scrubs and uniforms for clinical shifts • **Case Management** - Connects students to resources (i.e., food), regular check- ins with training partners and students • **Cohort Based Model-** Provides peer support

Highway to Work 2024 & 2025 Data at a Glance

- **Summers 2024 & 2025:** 94% of students successfully completed the program HtW Programs
- **Summer 2025 CNA Cohort:** 92% students who successfully completed the program have passed their CNA written and skills exams and are licensed CNAs
- **5** alumni are working as ER Techs
- **5** alumni have obtained their EMT licenses through City EMT & EMS Corps
- **6** alumni are currently enrolled in EMT partner programs
- **Other Alumni Notes:** 1 working as a CNA, 2 working as phlebotomists, 4 enrolled in Medical Assisting programs, 2 completing Bachelors of Nursing, 2 working with HealthPATH (1 in a full-time position, 1 in a part-time position)

Highlight:
Highway to Work
2024 & 2025
Data at a Glance

Average Rating Out of 5

■ 1 = strongly disagree, 5 = strongly agree

Statement	Rating
I grew as a professional.	4.46
I grew as a learner.	4.39
My communications with others improved.	4.5
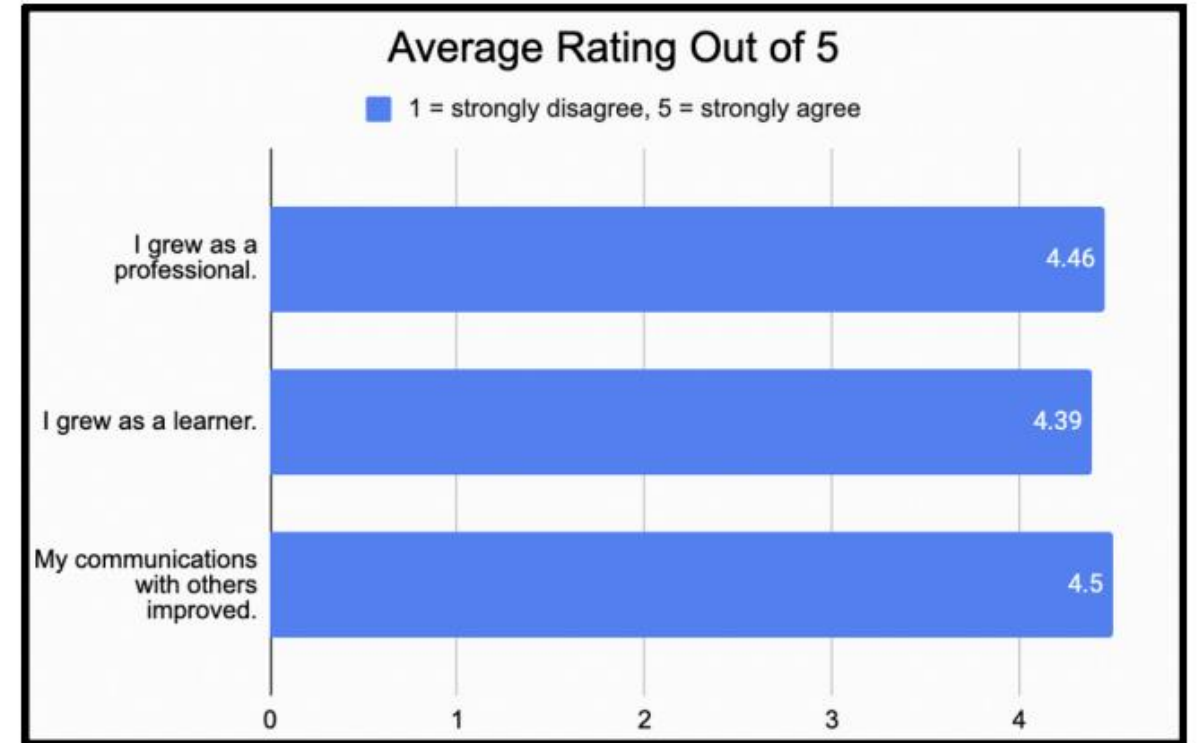
- "I think that this program helped me grow as an adult [and] helped me with getting better at communicating with others and just helping me understand what it meant to be professional."
  - Gael, ER Tech Intern 2025

- "It helped me to grow as a person [and] also as someone that can have empathy with a different age group of people."
  - Adelaida, CNA Intern 2025

HEALTHPATH OUR RESULTS (AT A GLANCE)

93%

Plan to pursue a career in healthcare

84%

Have a clearer career path

92%

Are more motivated to pursue education seriously

81%

Plan to work with low-income communities similar to those served by AHS

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HealthPATH

A Career Development Program of Alameda Health System

FOR MORE INFORMATION

VISIT THE HEALTHPATH WEBSITE: http://healthpath-ahs.org/

CONTACT INFORMATION:

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Director of Programs, HealthPATH

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Wellness Programs

Sofia Newton

Wellness Program Manager

Healthy Me Wellness Program

Sofia Newton, M.P.H

AHS Wellness Program Manager

sonewton@alamedahealthsystem.org

Agenda

1. Introduction
2. Wellness Program overview
3. Questions

Wellness Challenges

Weekly Wellness Stacks post

- Join live from anywhere for 30 minutes of guided mindfulness
- Each month features a new theme (e.g., grounding, self-compassion)
- Sessions end with optional reflection questions for the week
- Individual health coaching is available

Wellness Webinars-EAP- 2025

Month	Theme	Live Wellness Webinars via Zoom *Look for Outlook invite		Wellness Challenge
May	Unanswered Anxiety	1. Fear and Anxiety, Moving forward [5/13/25] 2. Leading in times of Crisis [5/21/25]		Nourish
June	Healthy Aging	1. Inflammation, Diet and Disease [6/11/25] 2. Dealing with Challenging People [6/26/25]		
July	Resilience and Adaptability	1. Compassion Fatigue [7/8/25] 2. Resiliency: Part 2 [7/21/25]		
August	Community and Social Connections	1. Lightening your Life with Laughter [8/20/25] 2. Dealing with Challenging People		World Wide Wellness
September	Social Media - Digital Health	1. Communication Skills for the workplace 2. Communicating in a Tech World		
October	Enlightened Workplace - Be Yourself	1. Health and Wellbeing in the Workplace 10/21/25		Walktober
November	Sleep and Stress Reduction	1. Managing the Holiday Season (11/5/25) 2. Stress Reduction Tool bag (11/19/25)		
December	Proactive Wellbeing	1. Creating an Annual Wellbeing Plan		

In-house Workshops

- Self-Care Workshops – Tools for stress and resilience
  - Nurses Retreats
  - Department and team trainings
  - New resident orientation

- Department & Leader Meetings
  - Embedding wellness into team culture with 10 min Mindfulness & Stretch Breaks

ALAMEDA
HEALTH SYSTEM

In partnership with the

the schwartz center
FOR COMPASSIONATE HEALTHCARE

THIS IS A
SAFE
SPACE

"These acts of kindness – the simple human touch from my caregivers - have made the unbearable bearable"
Ken Schwartz

Schwartz Rounds® Program Overview

1. Once a month confidential and inclusive space for staff reflection

2. Sessions focus on the emotional and social aspects of healthcare

3. Panelists share personal stories related to specific cases or themes

4. Helps reduce stress, isolation, and fosters a supportive team culture

Virtual Schwartz Rounds

Fosters reflection and the processing of experiences, both challenging and joyful, through storytelling, active participation, and trauma-informed facilitation

Outcomes

- Enhanced teamwork and appreciation of colleagues

- Responsiveness to social & emotional patient issues

- Increased perceived support

- Decreased stress and isolation

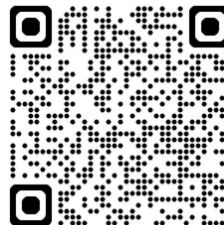- Fosters community and connection

WELLBEING RESOURCES
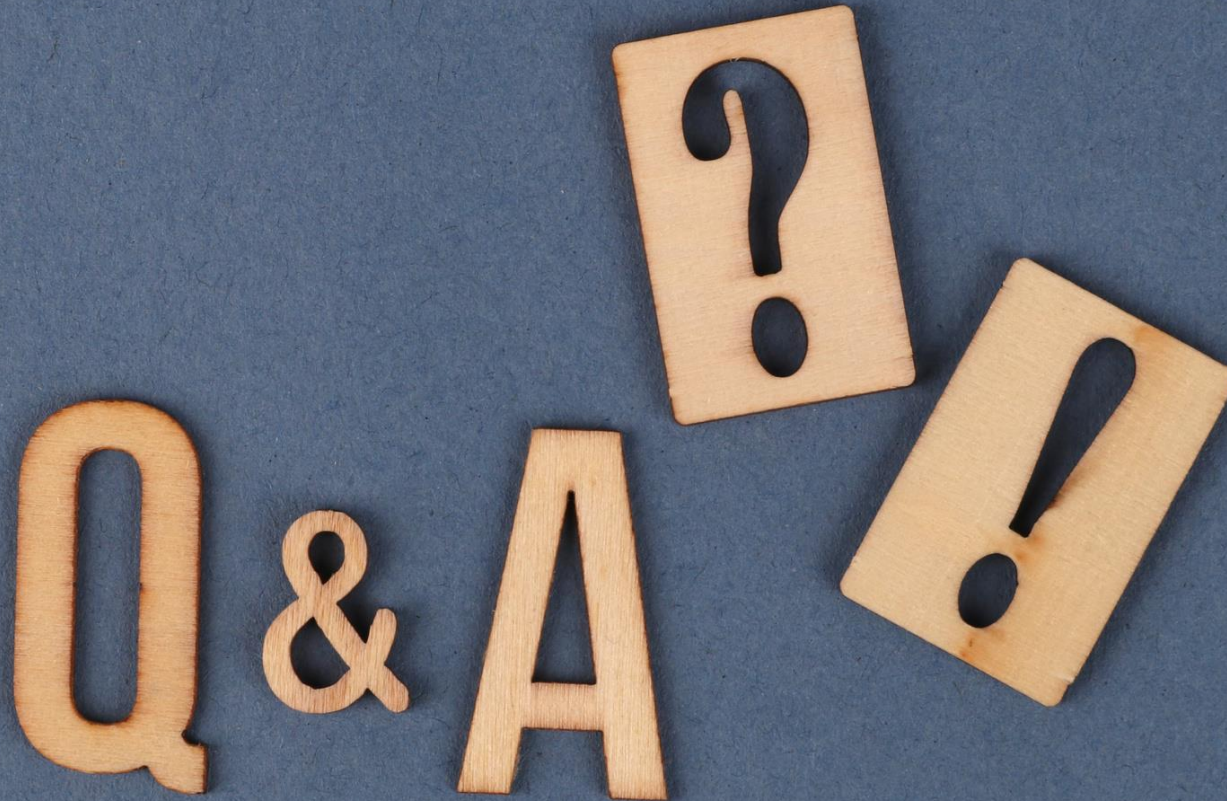
ANTHEM EAP

EAP SUPPORT :

844-451-1579

NATIONAL SUICIDE PREVENTION LIFELINE

24/7 DIAL - 988

GREATER GOOD IN ACTION

Science based practices for a meaningful life

Healthy Me Wellness Program
http://ahs-connects/departments/healthy-me

Sofia Sojourner Newton, M.P.H

AHS Wellness Program Manager

sonewton@alamedahealthsystem.org

CHRO Update

Jet Chapman
Chief Human Resources Officer

Thank you

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