



## HUMAN RESOURCES COMMITTEE MEETING

**April 15, 2026  
4:00pm-6:00pm**

Conference Center at Highland Care Pavilion  
1411 East 31<sup>st</sup> 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=87804334341>

Meeting ID: 936 145 7125

Password: 20200513

One tap mobile

+14086380968,,9361457125# or

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Dial by your location

+1 408 638 0968 US (San Jose)

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Find your local number: <https://alamedahealthsystem.zoom.us/j/9361457125?pwd=4JnAmhDnBaLqY4GWf4PQBwp3w0Puy2.1&omn=87804334341>

### **MEMBERS**

Lilavati Indulkar, MD

Donna Linton, Chair

Nely Obligacion

Rachel Richman

***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.***

## **HUMAN RESOURCES COMMITTEE MEETING AGENDA**

**SPECIAL NOTE:** 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.

### **Public Comment Instructions**

If you wish to address the Board or Committee regarding an item on the agenda or in their purview, please communicate your intent with the Clerk of the Board prior to or at the beginning of the meeting. Time limitations shall be at the discretion of the Chair. Signups for public comment will close 10 minutes after public comment begins.

### **OPEN SESSION / ROLL CALL**

#### **PUBLIC COMMENT**

**A. [ACTION: Approval of Minutes of the February 18, 2026 Human Resources Committee Meeting](#)**

*Recommendation: Motion to Approve*

**B. [INFORMATION/DISCUSSION: Negotiations Updates](#)**

*Ulysses Madison, Director of People Operations*

**C. [INFORMATION/DISCUSSION: Voluntary Resignation with Severance Program \(VSRP\) and Incentivized Retirement Plan Updates \(IRP\)](#)**

*Jet Chapman, Chief Human Resources Officer*

**D. [INFORMATION/DISCUSSION: Reduction in Force \(RIF\) SWOT Analysis](#)**

*Rashawn Woods, Manager of Labor Relations*

**E. [INFORMATION/DISCUSSION: CHRO Update](#)**

*Jet Chapman, Chief Human Resources Officer*

**F. [INFORMATION/DISCUSSION: HR Dashboard Updates](#)**

*Justin Nool, Director of Talent Management  
Karen Skillman, Director of HRIS and HR Services  
Greg Stephens, Disability Programs Manager*

**G. [DISCUSSION: HR Committee Calendar and Tracking](#)**

*Donna Linton, Chair*

## **CLOSED SESSION**

### **1. Conference with Labor Negotiators**

[Government Code Section 54957.6]

AHS Designated Representatives: Jet Chapman, CHRO

Employee Organization: SEIU 1021, SEIU-UHW, BTC, ACMEA, SEIU CIR

*(Reconvene to Open Session)*

## **TRUSTEE COMMENTS**

## **ADJOURNMENT**

### **Our Mission**

Caring, Healing, Teaching, Serving All

### **Strategic Vision**

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.

### **Values**

Compassion, Commitment, Teamwork, Excellence, Integrity, and Respect.

### **Meeting Procedures**

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 31<sup>st</sup> 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.**

### **Disability Access**

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.**

**ACTION: Approval of Minutes of the February 18, 2026  
Human Resources Committee Meeting**



## **HUMAN RESOURCES COMMITTEE MEETING**

**February 18, 2026  
4:00pm-6:00pm**

Conference Center at Highland Care Pavilion  
1411 East 31<sup>st</sup> 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, Chair  
Nely Obligacion  
Rachel Richman

## **HUMAN RESOURCES COMMITTEE MEETING MINUTES**

**THE MEETING WAS CALLED TO ORDER AT: 4:00 pm**

**ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:** Lilavati Indulkar, MD, Donna Linton, Rachel Richman

**Absent:** Nely Obligacion

**PUBLIC COMMENT:** None

**A. ACTION: Approval of Minutes of the January 21, 2026 Human Resources Committee Regular Meeting and the January 21, 2026 Human Resources Special Committee Meeting**

Trustee Richman moved and Trustee Indulkar seconded to approve the Minutes of the January 21, 2026 regular and special Human Resources Committee Meetings.

***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.***

**ACTION:** A motion was made and seconded to approve the Minutes of the January 21, 2026 regular and special Human Resources Committee Meetings. A roll call was taken, and the motion passed.

**AYES:** Trustees Indulkar, Linton, Richman

**NAYS:** None

**ABSTENTION:**

**B. INFORMATION/DISCUSSION: Total Rewards Updates**

*Catherine Kozul, Director of Total Rewards*

Trustee Indulkar said that going from short to long term disability was often a concern for surgeons. She asked if there was a possibility of offering other resources for them, given the consolidation of the benefits administration. Ms. Kozul said they had a number of disability programs available.

Trustee Indulkar asked about the index funds being invested into the retirement funds. Ms. Kozul said they had a retirement investment oversight group that reviewed the funds. Trustee Indulkar asked about the employee concerns about funds being invested that align with the mission. Mr. Azizi said they have been working on this for a quite a few years now. They continued to hone in on what the staff wishes were as well as what was required by the law. They were required to put the employees' pecuniary interest first. They've been working on finding the sweet spot for a long time to balance both needs.

Trustee Linton said when she was the Assistant County Administrator she served on the County's Investment Advisory Committee for the 457 Plan options. Having socially responsible investments was a topic at the forefront of their meetings. They discovered there was no significant difference between the socially responsible entities and others. Also, when she served on the Foundation Board, they went through a process with the investment advisor where Board Members went through a whole array of values that Board Members had. And using a software program they were able to make recommendations about changes that needed to be made with the endowment investments. Mr. Azizi outlined the various programs AHS offered to give staff flexibility in determining how their funds were used.

Trustee Linton said she would like to learn more about the retirement programs being offered at AHS. Mr. Azizi said they could present at a future HR Committee meeting.

Trustee Linton asked how the vesting programs would work for an employee being laid off. Ms. Kozul said the calculation for the 2025 match was funded into accounts for all employees as of early April. For the employees who were separated due to the RIF (Reduction in Force) their contribution will be vested. Trustee Linton asked for an explanation of vesting. Ms. Kozul said vesting meant that the individual had those funds assigned to them. Prior to being vested, the funds were held in that account but not available to the employee. With vesting they became the fungible property of the account holder.

**C. INFORMATION/DISCUSSION: Talent Management Updates**

*Justin Nool, Director of Talent Management/HR Recruitment Services*

Trustee Richman asked what was being done to place staff who were separated into available temporary positions. Ms. Chapman said any impacted employee could apply for open SAN (Services as Needed) positions. They are asked to note that they are impacted employees. Trustee Richman asked for clarification on whether an employee who applied was immediately eligible to be considered as a SAN. Mr. Nool said the review of their applications was being prioritized. They did still have to abide by the minimum qualifications needed for the position.

Trustee Richman asked if they were fast tracked for positions they were qualified for. Mr. Nool said they responded to all applications within 24-48 hours. They were working to respond to applications received by impacted employees as quickly as possible. There was a process to assess open positions to determine the operational need of that position. So, it depended on the nature of the role.

Trustee Richman asked if all the open positions were eligible to be filled with a SAN worker. Ms. Chapman said no. They were two different types of positions. There were several employees who applied for SAN positions, but to her knowledge they were not looking to have that transition to a permanent position.

Trustee Indulkar said she had asked to have the physician work structure and how the positions were slated, reviewed, and filled pulled out in the presentations. To Trustee Richman's point, the SAN workforce for physicians was different from the rest of the organization. There was a lot of nuanced information that went into the physician workforce. She suggested they bring Dr. Akileswaran in to do a presentation on the physician workforce.

Trustee Linton asked if they had a sense of the amount of time it took from when a requisition to fill a position was opened, to when it was determined that it could be filled, to when it was filled. Ms. Chapman said the Work Committee was currently redesigning the workflow. The data they saw last quarter and this quarter would be different than the data going forward. Mr. Fratzke said ideally, if everyone does their work correctly, the Work Committee would approve it right away. It was generally less than 90 days. Some are longer if the position is difficult to fill.

**D. INFORMATION/DISCUSSION: Training Updates for Current Staff and Staff Impacted by the Reduction in Force**

*Justin Nool, Director of Talent Management/HR Recruitment Services*

Trustee Indulkar asked if the Leadership Academy was a volunteer run program or if it was funded. Ms. Gomez said the design was that the sessions took place during regular business hours. It was a direct investment in our leaders. The sessions were led by the OLE (Organizational Learning and Effectiveness) team and other subject matter experts.

Trustee Linton asked if, given the current conditions with the RIFs, they thought it was valued to continue covering the cost of the leadership and mentorship programs with existing resources. Mr. Fratzke said he believed it was. It was an investment of time rather than money. Ms. Chapman said the commitment by the leaders who were mentors was to carve out the time on their calendars. Ms. Gomez said these programs were also part of the succession readiness plan.

Trustee Indulkar said that for healthcare leadership there were grants that were designed to support succession planning. She asked if there was any foundational support for bringing in other subject matter experts. Ms. Chapman said that was a great idea. They had not at this point applied for any grants. Ms. Gomez said the OLE team were certified in the DISC program and as such were subject matter experts in a cornerstone of the program. Grants would be wonderful as well. Ms. Salter said they were also certified in Crucial Conversation and Real Colors. Having in-house staff developing and delivering the curriculum allowed them to use their understanding of the organizational culture, which was an advantage.

Trustee Linton said they could gain a lot from administering exit interviews, even on the RIF impacted staff as it could provide valuable feedback. Ms. Chapman said they did exit interviews through an external organization. Ms. Gomez said that information was on the quarterly dashboard. Ms. Skillman said the organization they use administer the exit interviews received a file each week of all exited employees. They then reach out via phone or text six times to ask the former employee if they want to take an exit interview. They currently had a 43% response rate. She said they had a lower rate of responses from providers, so they had some work to do in that area.

Trustee Linton said it would be useful to inform staff as they leave that they would be contacted by this organization and that their feedback would be valuable. If they emphasized it a bit more they could get above that 43%.

Trustee Linton said that if an employee has taken the time to give specific feedback it would be useful to review it especially for someone who might benefit from the information. Ms. Chapman said the HR team does review it and they meet with the manager if there was something that needed to be discussed.

**E. INFORMATION/DISCUSSION: Labor Update**  
*Ulysses Madison, Director of People Operations*

**F. INFORMATION/DISCUSSION: CHRO Update**  
*Jet Chapman, Chief Human Resources Officer*

Trustee Indulkar was recused from the SEIU closed session conversation as a member of SEIU.

Mr. Azizi said the HR Committee would go into closed session to consider the items as stated on the agenda.

Mr. Azizi said the HR Committee met in closed session and took no reportable action.

**G. DISCUSSION: HR Committee Calendar and Tracking**

*Donna Linton, Chair*

Trustee Linton said they asked for more information regarding the Retirement Systems on a future agenda. It was also important to look at the lessons learned, what the necessary RIF process would look like, and what the time frames would be to smooth the process in case they had to go through the RIF process again. They also wanted to discuss the physician recruitment process. At some point they could also review the demographics of laid off personnel compared to the overall demographics. And how the COT fits into the overall view of what they were focusing on as part of the \$100M together.

Trustee Richman said that in preparation for potential future layoffs, she was interested in how they could take staff who lost their jobs and put them in jobs that would be permanently hired in a temporary way to minimize the impact to the organization and to the employees. Typically, she would not want to hire more people, but these weren't normal times.

**CLOSED SESSION**

**1. Conference with Labor Negotiators**

[Government Code Section 54957.6]

AHS Designated Representatives: Jet Chapman, CHRO

Employee Organization: SEIU 1021, SEIU-UHW, BTC, ACMEA, SEIU CIR

*(Reconvene to Open Session)*

**TRUSTEE COMMENTS**

**ADJOURNMENT: 5:33pm**

## **INFORMATION/DISCUSSION: Negotiations Updates**

# Human Resources Committee

**Board of Trustees**

Jet Chapman, Chief Human Resource Officer  
April 15, 2026

# Agenda

- 01** Negotiations Updates

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- 02** RIF Information

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- 03** RIF SWOT Analysis

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- 04** CHRO Report

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- 05** HR Dashboard Update

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# Negotiations Updates

- Currently in negotiations with:
  - ACMEA - 267 employees
    - Contract Term: 7/1/21-6/30/25
  - CIR - 141 employees
    - Contract Term: 5/25/23-11/30/25
  - SEIU Physicians - 313 employees
    - Contract Term: 7/1/23-5/31/26

Ulysses Madison,  
Director of People Operations

# **INFORMATION/DISCUSSION: Voluntary Resignation with Severance Program (VSRP) and Incentivized Retirement Plan Updates (IRP)**

# Voluntary Resignation with Severance Program (VRSP)

## Incentivized Retirement Plan (IRP)

Jet Chapman,  
Chief Human Resource Officer

# VRSP & IRP Programs

- **VRSP program** – 31 employees accepted this offer.
  - Severance payments totaled \$ 837,620.40
- **IRP program** – 43 employees accepted this offer.
  - Severance payments totaled \$ 1,923,222.98
- **Total Severance payments** (both programs combined) = \$ 2,760,843.38
- All separations have been processed except for two that are pending for March 2026 (Special approval received)
- Positions vacated by VSRP and IRP programs – Summarized by Facility

Facility	Emp Count
Highland	27
Fairmont	11
San Leandro	11
Alameda Hospital	10
System Support	6
John George	3
Eastmont	2
Newark	2
Hawaii Employee	1
Hayward	1
Grand Total	74

# Positions vacated with VRSP & IRP Programs

Job Title	Emp Count	Job Title	Emp Count
Clinical Nurse II	4	Care Management Social Worker I	1
Clinical Nurse IV	3	Care Management Social Worker II	1
Medical Clerk	3	Chief Informatics Officer	1
Patient Service Rep - Amb	3	Clinical Nurse III	1
Surgical Technician	3	Dir, Infection Prevention and Control	1
Accounts Payable Clerk II	2	Director Ambulatory Operations	1
AHD Certified Nursing Assist	2	Eligibility Specialist II	1
Clinical Nurse IV	2	HIM Technician II	1
Licensed Vocational Nurse	2	Hospital Maintenance Porter	1
Medical Assistant - Ambulatory	2	Housekeeping Worker	1
Medical Health Care Interpreter-Transla	2	Interpreter Svcs Dispatcher	1
Mental Health Specialist II	2	Lead Applications Analyst	1
Registered Dental Assistant	2	Mgr, Rehabilitation	1
SLH Respiratory Care Practitioner	2	Occupational Therapy Aide	1
SLH SR Physical Therapist	2	Outpatient Psych Svc Admin Coordinat	1
Accountant I	1	Patient Services Rep - Ambulatory	1
Administrative Assistant	1	PFS Collection Refund Specialist	1
AHD Clinical Lab, CLS Tech Supervisor	1	Physician Assistant - Nurse Practition	1
AHD Kitchen Helper	1	SLH Asst Nurse Manager	1
AHD LVN - IV Certified	1	SLH Chief Engineer L39	1
AHD Medical Assistant - Ambulatory	1	SLH CLS, Senior	1
AHD Nursing SVCS Technician NS	1	SLH Lead Sterile Processing Tech	1
AHD PBX Operator	1	SLH Unit Clerk Emergency Dept	1
AHD Sr Physical Therapist	1	Sr HRIS Analyst	1
AHD X-Ray Receptionist	1	SR Learning & Development Specialis	1
Anesthesia Technician	1	SR Rehab Counselor	1
		Supv, Lic Clinical Social Worker - Amb	1

# Information on RIF

- 27 employees decided not to return after March 24<sup>th</sup>
- Severance for the 27 employees is \$350,336.02
- Total Represented employees impacted by the RIF:

Union	Emp Count
ACMEA	29
AH SEIUWES	1
AH UNREP	3
BCTC-342	1
SEIU-1021	109
SEIU-NURSE	5
SEIU-PROV	3
SLH-SEIU	9
UNREP	34
Grand Total	194

Jet Chapman,  
Chief Human Resource Officer

## **INFORMATION/DISCUSSION: Reduction in Force (RIF) SWOT Analysis**

# Reduction in Force – SWOT Analysis

## Strengths

- HR met critical timelines & deadlines
- Empathetic, respectful communication with impacted staff
- Partnership with PACE team on communications
- IS support for email, website, devices & system access
- Identified alternative ways to reduce cost savings (IRP/VSRP)
- Provided support to RIF individuals (e.g., external website, EAP, resume writing, priority application process)

## Weaknesses

- Data accuracy (e.g., seniority)
- Compressed timeline with insufficient planning
- Limited leadership inclusion, union constraints, and conflicts of interest
- Concern with timing of notifications (holidays)

Rashawn Woods,  
Manager of Labor Relations

# Reduction in Force – SWOT Analysis

## Opportunities

- Align with unions on seniority rules
- Involve all stakeholders to create a fair and equitable process
- Strengthen communication quality (proofing)
- Improve cross-functional coordination (e.g., Payroll scheduled, retirement, benefits)

## Threats

- Reputational damage and loss of credibility
- Risk to care quality and patient safety reputation
- Declining employee engagement

Rashawn Woods,  
Manager of Labor Relations

## **INFORMATION/DISCUSSION: CHRO Update**

# CHRO Board Report

Jet Chapman, Chief Human Resource Officer  
April 15, 2026

# Possible Cost Savings Initiatives

- AHS is exploring ways to identify cost savings & reductions
- Board of Supervisor Ad-Hoc Committee will be held in May and June to discuss partnering with Labor Unions
- Cost savings suggestions are also being submitted through COT & GRIT with the \$100M Together initiative

# Future Culture Alignment Initiatives

- Upcoming trainings for Leadership
- Performance management tool review – when salary requests can be made (twice a year)
- Brown Bag sessions for employees on stress and how to manage it (Catherine Kozul, EAP)

## **INFORMATION/DISCUSSION: HR Dashboard Updates**

# HR Dashboard Updates

Justin Nool, Director of Talent Management, Karen Skillman, Director of HRIS & HR Services, & Greg Stephens, Disability Programs Manager

# HR Dashboard

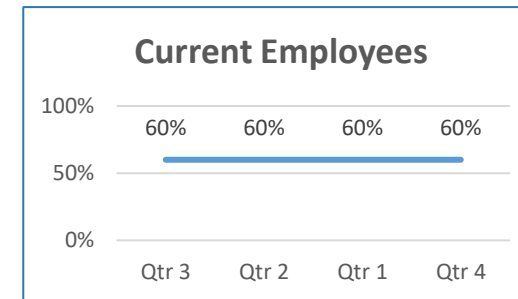
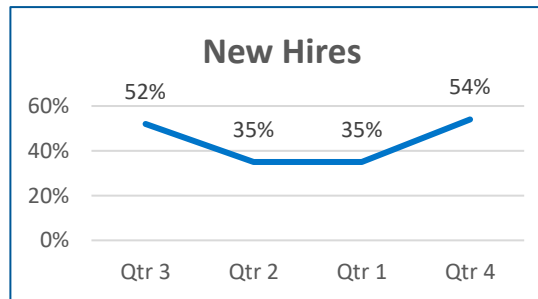
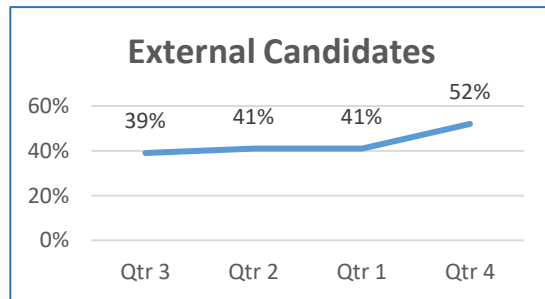
Dashboard Item	Description	Current Qtr/FY Q3 FY26 (Jan 1 - Mar 30 2026)	Previous Qtr/FY Q2 FY26 (Oct 1 to Dec 31 2025)	Benchmark / Source	Target goal	Strategic Alignment	Details			
Time to Fill	Days it takes to fill a position after an opening has been posted	<p><b>All numbers are calendar days, total number of positions filled per category in parenthesis:</b></p> <p>Admin, Business &amp; Clinical Support (4): 96.25                      Allied Health (12): 65.25                      Business Professional &amp; IT (3): 39                      Care Management: (0): 0                      Management (5): 84.6                      Mental Health &amp; Social Services (0): 0                      Nurse Practitioner/PA (1): 210                      Nursing (30): 64.1                      Physicians &amp; Dentists (16): 94.125                      Service &amp; Trade (0): 0</p> <p><b>Total Jobs Filled:</b> 71 (41 External, 30 Internal)  <b>Total Average time to Fill:</b> 69.83 Days  <b>Total Average Time to Fill (External):</b> 107.66 Days  <b>Physician Average Time To Fill:</b> 75.30 Days  <b>Physician Average Time to Fill (External):</b> 95.56 Days</p>	<p><b>All numbers are calendar days, total number of positions filled per category in parenthesis:</b></p> <p>Admin, Business &amp; Clinical Support (18): 46.62                      Allied Health (50): 96.54                      Business Professional &amp; IT (14): 69.57                      Care Management: (9): 74.33                      Management (14): 59.79                      Mental Health &amp; Social Services (10): 52.8                      Nursing (73): 71.73                      Physicians &amp; Dentists (13): 109.69                      Service &amp; Trade (18): 48.67</p> <p><b>Total Jobs Filled:</b> 219 (116 External, 103 Internal)  <b>Total Average time to Fill:</b> 74.64 Days  <b>Total Average Time to Fill (External):</b> 91.48 Days</p> <p>**Physician and NP/PA metrics are not included</p>	51 days	51 days	Workforce Sustainability	<p>In Q3 FY26, Alameda Health System filled 71 positions, a 68% decrease from Q2 FY26 (219), reflecting the continued and more acute impact of the system-wide reduction in force (RIF), sustained hiring restrictions, and deliberate workforce stabilization efforts. Hiring activity was significantly limited to only the most critical roles, resulting in 41 external and 30 internal hires. This shift highlights a heightened focus on redeploying internal talent, and aligning staffing with revised operational priorities.</p> <p>Average time to fill decreased slightly from 74.64 days to 69.83 days (-6.4%), indicating improved efficiency within a significantly constrained hiring environment. This modest improvement was driven by a lower overall requisition volume, more targeted hiring aligned to pre-approved critical roles, and streamlined decision-making within a narrower scope of recruitment activity.</p> <p>However, external time to fill increased from 91.48 days to 107.66 days (+17.7%). External searches were more selective and subject to additional layers of scrutiny, approval validation, and funding confirmation. These dynamics extended timelines, particularly for specialized or hard-to-fill roles.</p> <p>Hiring activity remained concentrated in Nursing, Allied Health, and Physicians &amp; Dentists, which continue to be essential to patient care delivery, mission criticality, revenue cycle stability. There was limited to no hiring in areas such as Care Management, Mental Health, and Service &amp; Trade, reflecting intentional pauses. Administrative, Business, and Management hiring was also significantly reduced or highly selective, aligning with broader efforts to streamline non-clinical functions.</p>			
		<table border="1"> <caption>Time to Fill</caption> <thead> <tr> <th>Quarter</th> <th>Average Time to Fill (Days)</th> </tr> </thead> <tbody> <tr> <td>Qtr 3</td> <td>69.83</td> </tr> <tr> <td>Qtr 2</td> <td>74.64</td> </tr> <tr> <td>Qtr 1</td> <td>55.49</td> </tr> <tr> <td>Qtr 4</td> <td>55.39</td> </tr> </tbody> </table>	Quarter	Average Time to Fill (Days)	Qtr 3		69.83	Qtr 2	74.64	Qtr 1
Quarter	Average Time to Fill (Days)									
Qtr 3	69.83									
Qtr 2	74.64									
Qtr 1	55.49									
Qtr 4	55.39									

# HR Dashboard

Dashboard Item	Description	Current Qtr/FY Q3 FY26 (Jan 1 - Mar 30 2026)	Previous Qtr/FY Q2 FY26 (Oct 1 to Dec 31 2025)	Benchmark / Source	Target goal	Strategic Alignment	Details				
Time to Onboard Employees	Days from offer accepted to first day at work	<p><b>All numbers are calendar days, total number of positions filled per category in parenthesis:</b></p> <p>Admin, Business &amp; Clinical Support (4): 67                      Allied Health (12): 47.58                      Business Professional &amp; IT (3): 33.33                      Care Management: (0): 0                      Management (5): 74.6                      Mental Health &amp; Social Services (0): 0                      Nurse Practitioner/PA (1): 57                      Nursing (30): 57.46                      Physicians &amp; Dentists (16): 34.56                      Service &amp; Trade (0): 0</p> <p><b>Total Jobs Filled:</b> 71 (41 External, 30 Internal)  <b>Total Average Time to onboard:</b> 51.35  <b>Total Average Time to onboard (External):</b> 50.43 Days</p> <p><b>Physician Average Time To Onboard:</b> 34.56 Days  <b>Physician Average Time to Onboard (External):</b> 39.35 Days</p>	<p><b>All numbers are calendar days, total number of positions filled per category in parenthesis:</b></p> <p>Admin, Business &amp; Clinical Support (18): 48.44                      Allied Health (50): 22.12                      Business Professional &amp; IT (14): 449.00                      Care Management: (9): 18.33                      Management (14): 35.43                      Mental Health &amp; Social Services (10): 13.60                      Physicians &amp; Dentists (13): 37                      Nursing (73): 20.99                      Service &amp; Trade (18):19.94</p> <p><b>Total Jobs Filled:</b> 219 (116 External, 103 Internal)  <b>Total Average Time to onboard:</b> 26.63 Days  <b>Total Average Time to onboard (External):</b> 27.47 Days</p> <p>**Physician and NP/PA metrics are not included</p>		19 days	Workforce Sustainability	<p>In Q3 FY26, average time to onboard increased from 26.63 days to 51.35 days (+92.8%), reflecting the impacts following the RIF. As hiring slowed and became more selective, onboarding processes were also impacted by tighter resource allocation and coordination across HR, IT, and hiring departments.</p> <p>External time to onboard increased from 27.47 days to 50.43 days (+83.6%), driven by similar constraints, as well as extended pre-employment clearances and start date coordination amid ongoing organizational changes.</p> <p>Overall, the increase in onboarding timelines reflects a post-RIF stabilization period, where processes adjusted to lower hiring volume, delayed starts, and evolving operational workflows, rather than a decline in team performance.</p>				
		<table border="1"> <caption>Time To Onboard</caption> <thead> <tr> <th>Quarter</th> <th>Average Time to Onboard (Days)</th> </tr> </thead> <tbody> <tr> <td>Qtr 3</td> <td>51.35</td> </tr> <tr> <td>Qtr 2</td> <td>26.63</td> </tr> <tr> <td>Qtr 1</td> <td>22.01</td> </tr> <tr> <td>Qtr 4</td> <td>23.49</td> </tr> </tbody> </table>		Quarter	Average Time to Onboard (Days)		Qtr 3	51.35	Qtr 2	26.63	Qtr 1
Quarter	Average Time to Onboard (Days)										
Qtr 3	51.35										
Qtr 2	26.63										
Qtr 1	22.01										
Qtr 4	23.49										

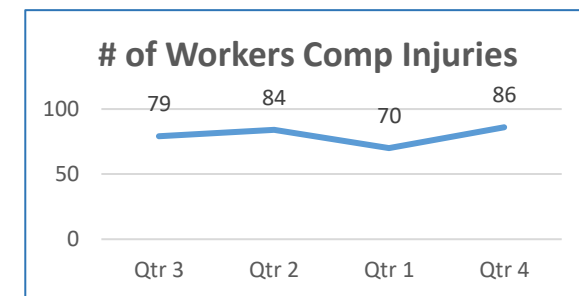
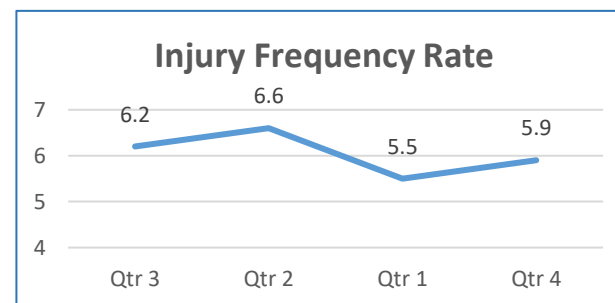
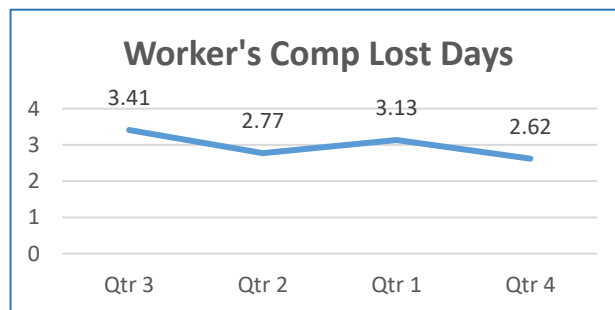
# HR Dashboard

Dashboard Item	Description	Current Qtr/FY Q3 FY26 (Jan 1 - Mar 30 2026)	Previous Qtr/FY Q2 FY26 (Oct 1 to Dec 31 2025)	Benchmark / Source	Target goal	Strategic Alignment	Details
<b>Residents of Alameda County</b>	Percent of external applicants, new hires, and current employees that reside in Alameda County						
<b>External Applicants</b>		1339 out of 3421 (39%)	2362 out of 5789 (41%)			Workforce Sustainability	Resumed attending virtual and in-person job fairs. Planning university and residency outreach.
<b>New Hires</b>		26 out of 50 (52%)	98 out of 267 (37%)				Created partnerships with local community organizations. Formed partnership with the EDD.
<b>Current Employees</b>	3621 out of 6078 (60%)	3713 out of 6237 (60%)			Working with niche job posting sites to increase employment of local community residents at AHS.		



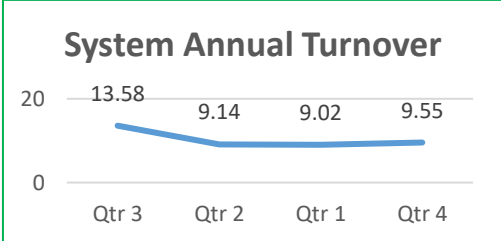


# HR Dashboard

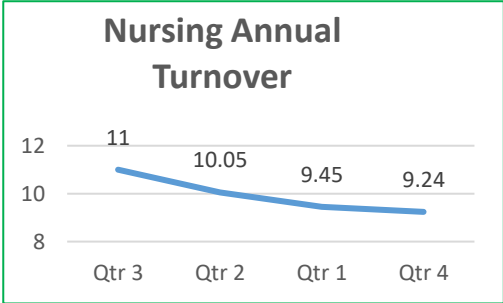
Dashboard Item	Description	Current Qtr/FY Q3 FY26 (Jan 1 - Mar 30 2026)	Previous Qtr/FY Q2 FY26 (Oct 1 to Dec 31 2025)	Benchmark / Source	Target goal		Strategic Alignment	Details
<b>Workers' Compensation Lost Days</b>	Days employees are unable to work due to a work-related injury	3.41 avg days per FTE	2.77 avg days per FTE	3.40 avg days per fte	3.40 avg days per fte	↑	Workforce Sustainability	Total loss days for 10/1/25 – 12/31/25 were 2833 compared to 3925 for 1/1/26 - 3/31/26. This increase is reflective of slower injury recovery and lowered return-to-work performance in the third quarter. Other factors that influence lost days are returning injured employees to modified duty and level of claim severity (which increases lost days). Overall, only .01 higher than benchmark/target.
<b>Injury Frequency Rate</b>	Measures how often an injury occurs relative to productive hours worked.	6.2	6.6	6.4	6.4	↓	Workforce Sustainability	For the metric of "Injury Frequency Rate" (Claim count/FTE x 100), AHS saw a 6% decrease in IFR (also below benchmark/target of 6.4). Given the decrease in claim count for 3rd Qtr., it appears IFR lowered in conjunction with the decrease in # of injuries.
<b># of Workers' Comp Injuries</b>	Number of Workers' Compensation Injuries	79	84	<b>70 (updated for FY26)</b>	<b>70 (updated for FY26)</b>	↑	Workforce Sustainability	79 injuries for Q3 represents a 6% decrease over Q2. Top injury causes for Q3: Struck or injured by (patient to staff) - 24; Strain/injury by (patient handling related) - 24; Slip/trip/falls - 12. These 3 injury causes account for 76% of all injuries for Q3. All injuries are reviewed in monthly MOR meetings for staff awareness & mitigation efforts.



# HR Dashboard

Dashboard Item	Description	Current Qtr/FY Q3 FY26 (Jan 1 - Mar 30 2026)	Previous Qtr/FY Q2 FY26 (Oct 1 to Dec 31 2025)	Benchmark / Source	Target goal		Strategic Alignment	Details
SYSTEM Annual Turnover	Number of separations divided by Number of Employees	Overall - Annualized/Qtrly Annualized - 13.58% Quarterly - 3.40% term count = 207	Annualized - 9.14% Quarterly - 2.29% term count = 132	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.
		First Year - Annualized/Qtrly Annualized - 22.84% Quarterly - 5.71% term count = 37	Annualized - 19.97% Quarterly - 4.99% term count = 33					Sharing turnover data with AHS leadership at department meeting; conducted work group exercise to discuss turnover and retention strategies.
		Second Year - Annualized/Qtrly Annualized - 17.03% Quarterly - 4.26 % term count = 27	Annualized - 20.29% Quarterly - 5.07 % term count = 32					Top Term Reasons: Resignation (91); Retirement, IRP and VSRP (76); HR Non-Compliance (10); Failed Probation (5)
SYSTEM Annual Turnover (Voluntary Separations Only)	Number of Voluntary separations divided by Number of Employees	Overall - Annualized/Qtrly Annualized - 11.55% Quarterly - 2.89% term count = 176	Annualized - 6.16% Quarterly - 1.54% term count = 89	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 (91); Retirement, IRP and VSRP (76)
		First Year - Annualized/Qtrly Annualized -17.28% Quarterly – 4.32% term count = 28	Annualized -19.97% Quarterly - 4.99% term count = 33					 <p><b>System Annual Turnover</b></p> <p>Line chart showing annualized turnover rates for Qtr 3, Qtr 2, Qtr 1, and Qtr 4. The y-axis ranges from 0 to 20. The data points are: Qtr 3 (13.58), Qtr 2 (9.14), Qtr 1 (9.02), and Qtr 4 (9.55).</p>
		Second Year - Annualized/Qtrly Annualized - 15.77% Quarterly – 3.94 % term count = 25	Annualized - 12.68% Quarterly - 3.16 % term count = 20					

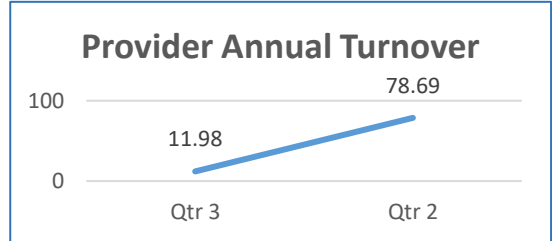
# HR Dashboard

Dashboard Item	Description	Current Qtr/FY Q3 FY26 (Jan 1 - Mar 30 2026)	Previous Qtr/FY Q2 FY26 (Oct 1 to Dec 31 2025)	Benchmark / Source	Target goal		Strategic Alignment	Details
<b>NURSING Annual Turnover - (all)</b>  <b>Overall - Annualized/Qtrly</b> <hr/> <b>First Year - Annualized/Qtrly</b> <hr/> <b>Second Year - Annualized/Qtrly</b>	Number of Nursing separations divided by Number of Nursing Employees	Annualized - 11.00% Quarterly - 2.75% term count = 48	Annualized - 10.05% Quarterly - 2.51% term count = 44	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; Launched exit interview dashboard in May 2023 to provide transparency to leaders.
		Annualized - 25.73% Quarterly - 6.43% term count = 11	Annualized - 24.37% Quarterly - 6.09% term count = 12					Sharing turnover data with AHS leadership at department meeting; conducted work group exercise to discuss turnover and retention strategies.
		Annualized - 15.79% Quarterly - 3.95% term count = 9	Annualized - 18.26% Quarterly - 4.56% term count = 11					Top Term Reasons: Resignation (24); Retirement, IRP and VSRP (15); HR Non-Compliance (3)
<b>NURSING Annual Turnover - Voluntary Separations Only)</b>  <b>Overall - Annualized/Qtrly</b> <hr/> <b>First Year - Annualized/Qtrly</b> <hr/> <b>Second Year - Annualized/Qtrly</b>	Number of Nursing Voluntary separations divided by Number of Nursing Employees	Annualized - 9.86% Quarterly - 2.46% term count = 43	Annualized - 6.16% Quarterly - 1.54% term count = 27	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 (24); Retirement, IRP and VSRP (15)
		Annualized - 25.73% Quarterly - 6.43% term count = 11	Annualized - 18.27% Quarterly - 4.57% term count = 9					
		Annualized - 14.04% Quarterly - 3.51% term count = 8	Annualized - 11.62% Quarterly - 2.90% term count = 7					

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

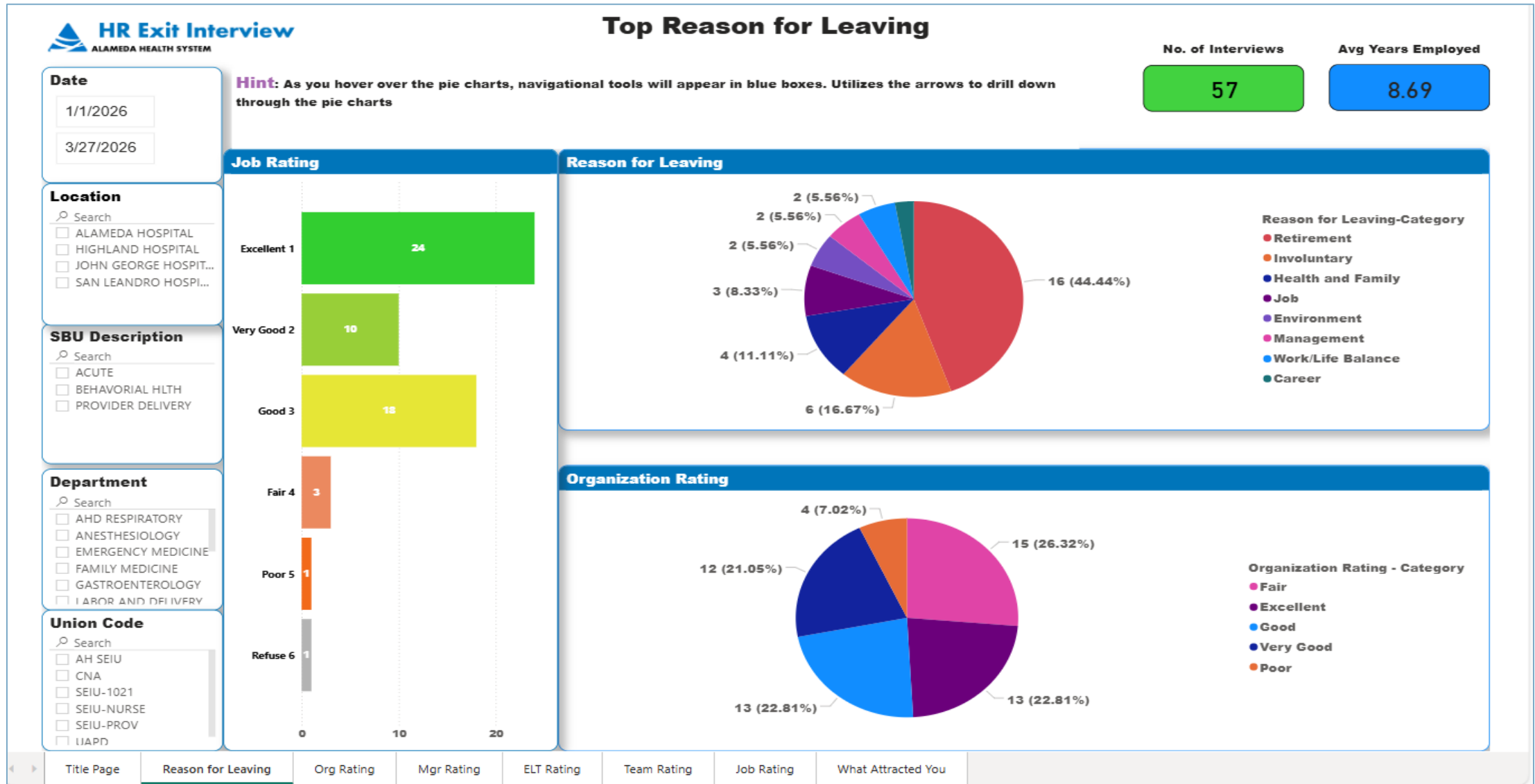
# HR Dashboard

Dashboard Item	Description	Current Qtr/FY Q3 FY26 (Jan 1 - Mar 30 2026)	Previous Qtr/FY Q2 FY26 (Oct 1 to Dec 31 2025)	Benchmark / Source	Target goal	Strategic Alignment	Details
<b>PROVIDERS Annual Turnover (excludes APPS)</b>  <b>Overall - Annualized/Qtrly</b> <hr/> <b>First Year - Annualized/Qtrly</b> <hr/> <b>Second Year - Annualized/Qtrly</b>	Number of Provider separations divided by Number of Provider Employees	Annualized - 11.98% Quarterly - 3.00% term count = 13	Annualized - 78.69% Quarterly - 19.67% term count = 24	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; Launched exit interview dashboard in May 2023 to provide transparency to leaders.
		Annualized - 0.00% Quarterly - 0.00% term count = 0	Annualized - 0.00% Quarterly - 0.00% term count = 0				Sharing turnover data with AHS leadership at department meeting; conducted work group exercise to discuss turnover and retention strategies.
		Annualized - 43.75% Quarterly - 10.94% term count = 7	Annualized - 145.45% Quarterly - 36.36% term count = 8				Top Term Reasons: Resignation (10); HR Non-Compliance (1); Retirement and IRP (1)
<b>PROVIDERS Annual Turnover (excludes APPS) Voluntary Separations Only</b>  <b>Overall - Annualized/Qtrly</b> <hr/> <b>First Year - Annualized/Qtrly</b> <hr/> <b>Second Year - Annualized/Qtrly</b>	Number of Provider Voluntary separations divided by Number of Provider Employees	Annualized - 11.06% Quarterly - 2.76% term count = 12	Annualized - 6.16% Quarterly - 1.54% term count = 27	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 (10); Retirement and IRP (1)
		Annualized - 0.00% Quarterly - 0.00% term count = 0	Annualized - 18.27% Quarterly - 4.57% term count = 9				
		Annualized - 37.50% Quarterly - 9.38% term count = 1	Annualized - 11.62% Quarterly - 2.90% term count = 7				



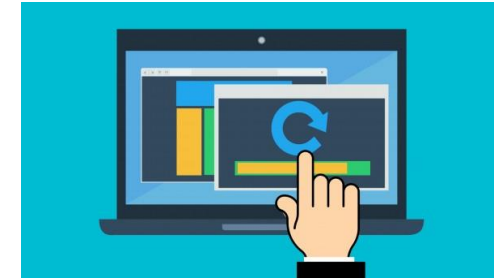
Quarterly turnover rates are annualized to get a projected annual rate. Quarterly turnover rate is multiplied by 4 to calculate annualized rates.

# HR Exit Interview Dashboard



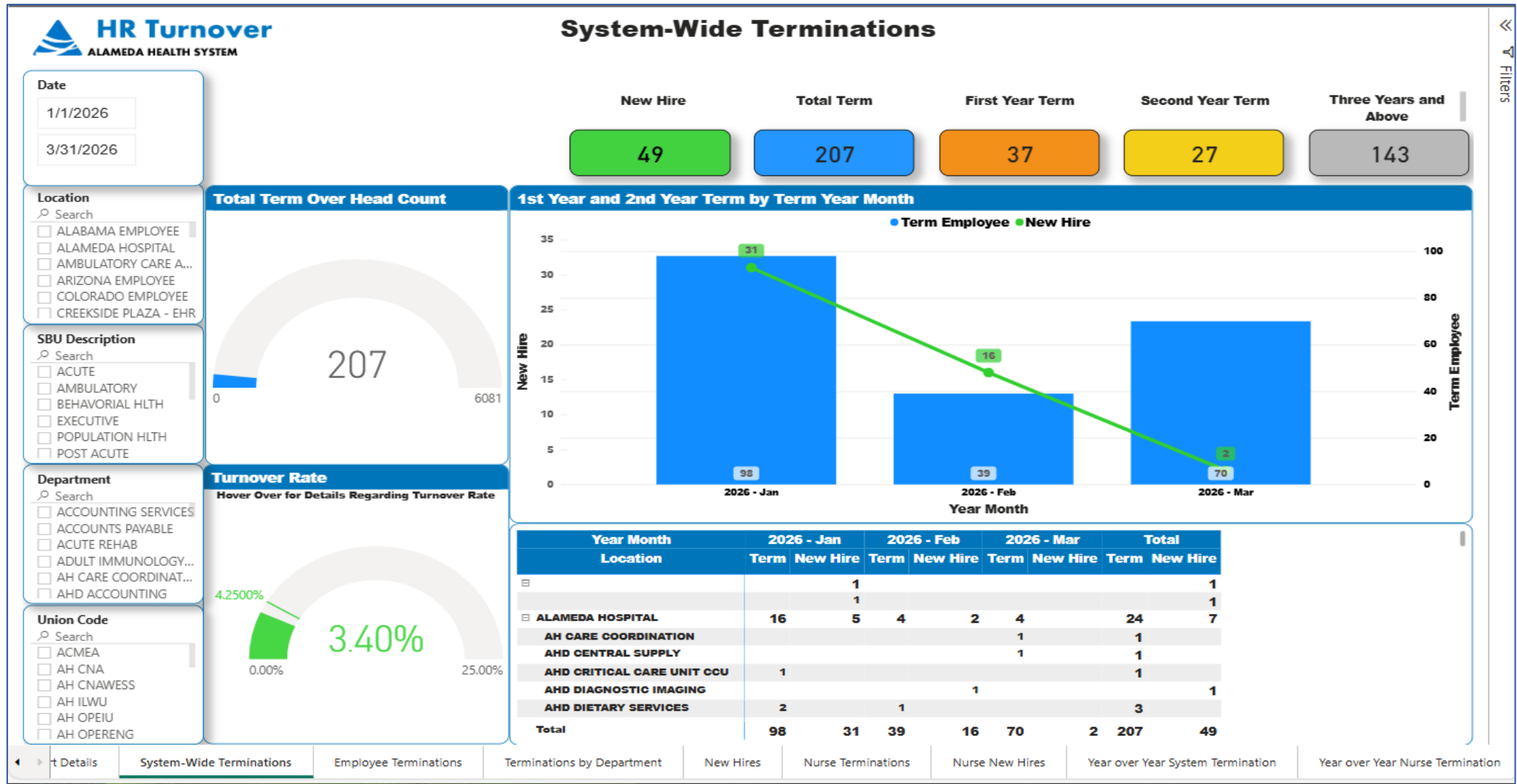
# HR Dashboards

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

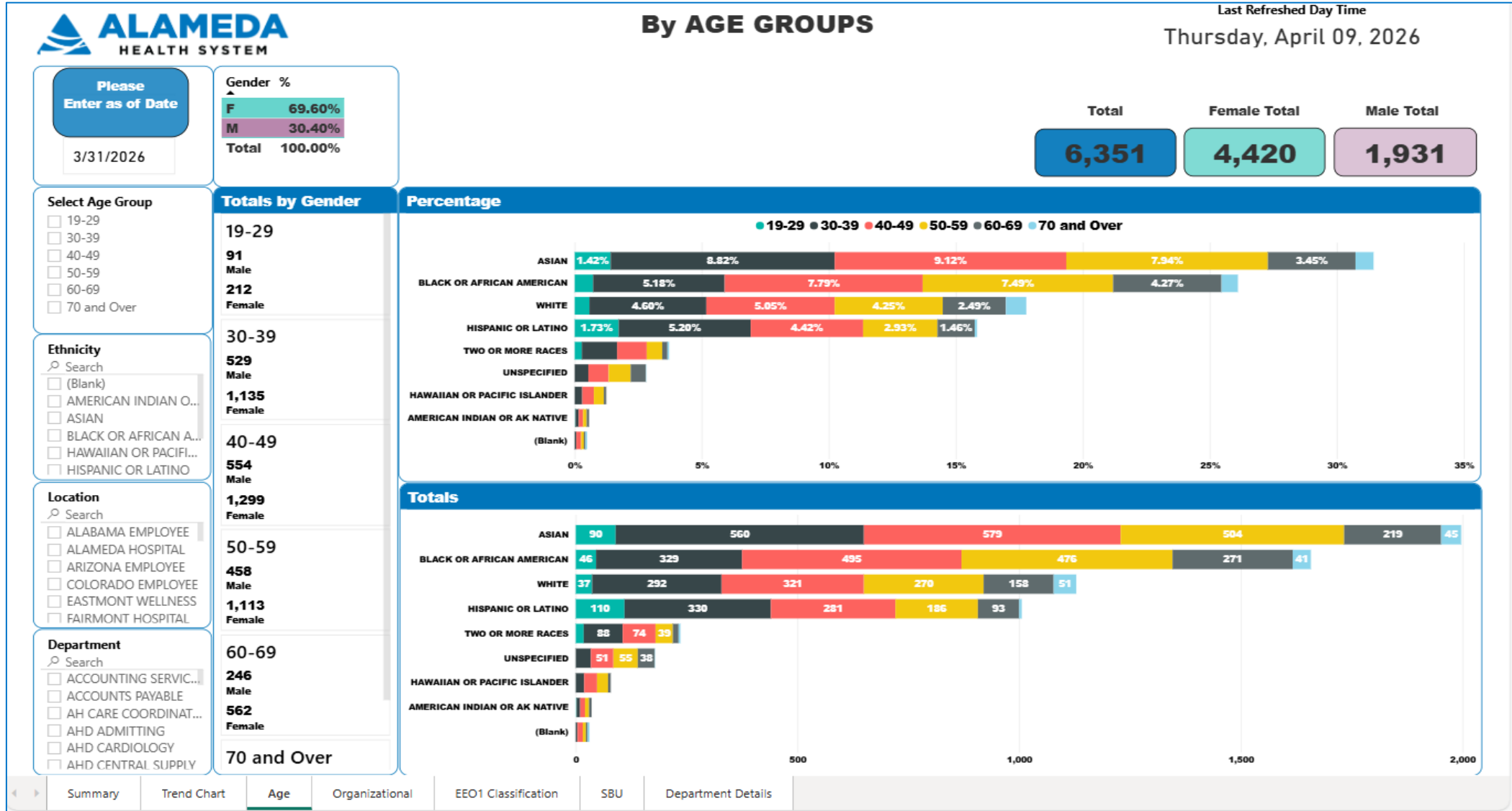


- Diversity Dashboard – avail to all
- Turnover Dashboard – limited to Manager and above
- Exit Interview Dashboard – limited to Manager and above

# HR Turnover Dashboard



# HR Diversity Dashboard



Thank you