



HUMAN RESOURCES COMMITTEE MEETING

February 19, 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=aUF4anZtK01lRklVMzZvQVY5NTdOZz09>

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/j/9361457125?pwd=aUF4anZtK01lRklVMzZvQVY5NTdOZz09>

MEMBERS

Taft Bhuket, MD

Donna Linton

Nely Obligacion

David Sayen, Chair

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.

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

Public Comment Instructions

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

PUBLIC COMMENT:

A. **[ACTION: Approval of Minutes of the October 16, 2024, Human Resources Committee Meeting](#)**

Recommendation: Motion to Approve

[Agenda Items B, C, D materials](#)

B. **OPENING REMARKS**

Arleen Gomez, Interim Chief Human Resources Officer

C. **INFORMATION/DISCUSSION: HR Dashboards**

Justin Nool, Director of Talent Management

Karen Skillman, Director of HRIS and HR Operations

Greg Stephens, Manager, Leave Programs

D. INFORMATION/DISCUSSION: HR Division Updates

Arleen Gomez, Interim Chief Human Resources Officer
Camille Salter, Manager of Leadership Development and Training
Catherine Kozul, Director of Total Rewards
Jason Pokorny, Manager of Volunteer Program

CLOSED SESSION (Estimated 20 Min)

1. Conference with Labor Negotiators

[Government Code Section 54957.6]

AHS Designated Representatives: Ulysses Madison, Director of People Operations

Employee Organization: CNA

(Reconvene to Open Session)

General Counsel Report on Action Taken in Closed 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 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.

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.

**A. ACTION: Approval of Minutes of the October 16,
2024, Human Resources Committee Meeting**



HUMAN RESOURCES COMMITTEE MEETING

**October 16, 2024
5:00pm-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

Taft Bhuket, MD
Jet Chapman, Chair
Nely Obligacion

HUMAN RESOURCES COMMITTEE MEETING MINUTES

THE MEETING WAS CALLED TO ORDER AT: 5:09 pm

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Taft Bhuket, MD, Jet Chapman, and Nely Obligacion

ABSENT: None

A quorum was established.

PUBLIC COMMENT: None

A. ACTION: Approval of Minutes of the January 17, April 17, 2024 Human Resources Committee Meetings

Trustee Bhuket moved and Trustee Obligacion seconded to approve the Minutes of the January 17 and April 17, 2024 Human Resources Committee Meetings.

ACTION: A motion was made and seconded to approve the Minutes of the January 17 and April 17, 2024 Human Resources Committee Meetings. A roll call was taken, and the motion passed.

AYES: Trustees Bhuket, Chapman, Obligacion

NAYS: None

ABSTENTION: None

B. INFORMATION/DISCUSSION: Opening Remarks

Steven Sharrer, Interim Chief Human Resources Officer

Trustee Chapman noted that there were many complex negotiations over the summer, and she was grateful for the work the team did.

C. INFORMATION/DISCUSSION: HR Dashboards

Justin Nool, Director of Talent Management

Karen Skillman, Director of HRIS and HR Operations

Greg Stephens, Manager, Leave Programs

Trustee Bhuket asked how they selected 51 days for the time-to-fill a position after it had been posted. Mr. Nool said it was based on national benchmarks, but it was a legacy metric, and he would work with his team to ensure they had a benchmark that was applicable to AHS.

Trustee Obligation asked how long it took to set up an interview when there was a pool of applicants. Mr. Nool said it depended. There were roles where there were many unqualified applicants. He was working with the teams to ensure they held to the turn around times. He did not have the exact metrics on turn around times for interviews, but he could bring that back.

Trustee Obligation asked if there was a screening committee that reviewed the applicants prior to interviews. Mr. Nool said that was the recruiter's role. They were qualified to work with the hiring managers to determine what qualifications were needed and review the applicants, sometimes holding phone interviews, prior to moving forward with interviews with the hiring managers.

Trustee Bhuket asked if AI was being used to screen large volumes of applications. Mr. Nool said they didn't currently use AI for this.

Trustee Obligation asked how many vacancies there were. Mr. Nool said there were about 300. At the next meeting they could pull data on where they were in terms of aging for the current requisitions.

Trustee Obligation said it would be good for the Trustees to see a report on outreach as well to help them understand why a position may be vacant for a longer term. Mr. Nool said he was a big proponent of community-based outreach. They've worked with the Oakland Private Industry Council to host a career fair for those who didn't have access to seeing where AHS jobs were available. He has encouraged the specialty recruiters to develop partnerships with career services, vocational programs, community colleges so they could participate in the different career fairs available. They also worked with the physician recruitment team to be part of the graduate medical education programs and residency programs to allow their recruiters to be ambassadors for AHS.

Trustee Chapman asked for clarification regarding the benchmark source and target goal for the Worker's Compensation days. Mr. Stephens said it was the days injured before the employee returned to work. He said typically they saw people return to work without much lost time following an injury. The metric was tied to productive hours. He thought injury frequency rate was a better metric to track. The Trustees suggested they move forward with the injury frequency rate instead. Mr. Stephens said he has had conversations with the Worker's Compensation broker who agree that it is a better metric.

Trustee Chapman asked for examples of non-compliance separations. Ms. Skillman said there were three categories, including expired licenses, expired vaccinations, and annual competencies. Many notices and opportunities for correction were given prior to any separation for non-compliance.

Trustee Obligation spoke regarding incentives for improving turnover with nurses who were leaving after training.

D. INFORMATION/DISCUSSION: HR Division Updates

Steven Sharrer, Interim Chief Human Resources Officer

Arleen Gomez, VP of Human Resources

Trustee Bhuket asked how they performed on the voluntary resignation and incentivized retirement plans. Mr. Jackson said that as of that day they were just short of a million dollars ahead of the budget. So, the \$20M goal for these programs would not likely be met, but there were a lot of other things happening that were moving them in the right direction.

Trustee Bhuket asked what the career coaching with GrowthSpace cost. Ms. Gomez said it was about \$50k per year.

TRUSTEE COMMENTS

ADJOURNMENT 6:32

Agenda Items B, C, D materials

Human Resources Committee

Board of Trustees

January 22, 2025

Agenda

01 Opening Remarks

02 HR Dashboards

03 HR Division Updates

Opening Remarks

Arleen Gomez

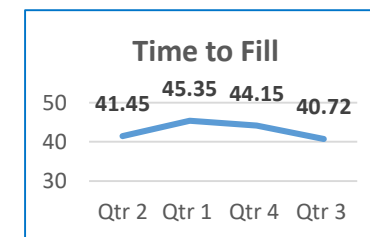
Interim Chief Human Resources Officer

Human Resources Presenters

- **Justin Nool**, Director of Talent Acquisition
- **Karen Skillman**, Director of HRIS and HR Service
- **Greg Stephens**, Manager of Leave Programs
- **Camille Salter**, Manager of Leadership Development and Training
- **Catherine Kozul**, Director of Total Rewards
- **Jason Pokorny**, Manager of Volunteer Programs

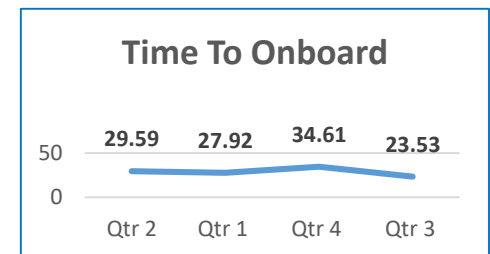
HR Dashboard

Dashboard Item	Description	Current Qtr/FY Q2 FY25 (Oct 1 to Dec 31 2024)	Previous Qtr/FY Q1 FY25 (Jul 1 to Sept 30 2024)	Benchmark / Source	Target goal		Strategic Alignment	Details
Time to Fill	Days it takes to fill a position after an opening has been posted	<p>All numbers are calendar days, total number of positions filled per category in parenthesis:</p> <p>Nursing (166): 34.58 Allied Health (69): 51.17 Admin, Bus., Clin. Support (53): 31.19 Service & Trade (17): 46.59 Management/Leadership (12): 119.25 Care Management (4): 74.25 Business Professional & IT (6): 39.99 Mental Health & Social Svcs (9): 27.33 Physician & Dentists (10): 38.20 Nurse Practitioner/Physician Assistant (6): 47.00</p> <p>Total Jobs Filled: 352 (157 External, 195 Internal) Total Average time to Fill: 41.45 Days Total Average Time to Fill (External): 61.31 Days (35.03 Business Days)</p>	<p>All numbers are days, total # of positions filled per category in parentheses</p> <p>Nursing (74): 43.8 Allied Health (79): 42.2 Adm Clinical Support (40): 26.8 Service & Trade (39): 36.8 Management (11): 159 Care Management (10): 74 Business Professional & IT (9): 57.7 Mental Health & Social Services (15): 35.6 Physicians & Dentists (8): 56.9 Nurse Practitioner/Physician Assistant (2): 27.0</p> <p>Total Jobs Filled: 366 Total Average Time to Fill: 45.35</p>	51 days	51 days	↓	Workforce Sustainability	<p>This quarter's time-to-fill goals were met with a slight improvement from last quarter's performance. AHS Recruitment Team filled 352 positions in the past quarter, which is slightly below the pace of Q1 FY25. The balance of hires for Q2 FY 25 were 55% Internal Hires/promotions and 45% external hires, which highlights our philosophy of promoting from within. We saw a significant increase in nurse hiring which accounted for 47% of our hires last quarter. There were also marked improvements in Mental Health/Social Services, Management and Business Professional categories and slight increases of time-to-fill to NP/PA and Hiring, Service & Trade.</p>



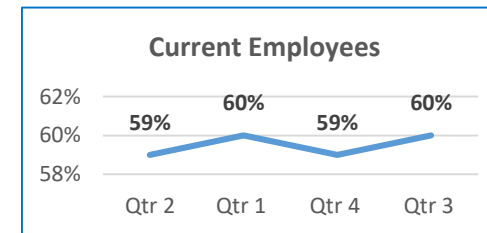
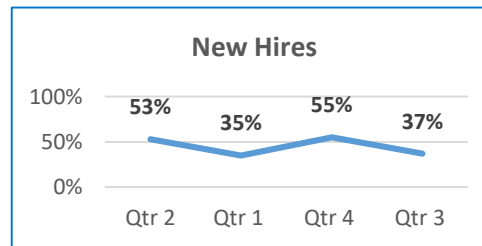
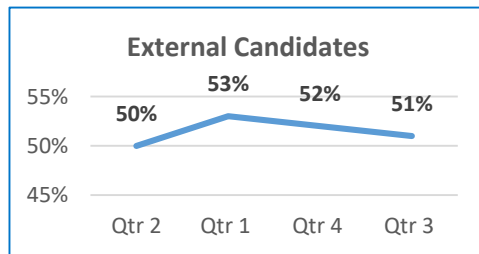
HR Dashboard

Dashboard Item	Description	Current Qtr/FY Q2 FY25 (Oct 1 to Dec 31 2024)	Previous Qtr/FY Q1 FY25 (Jul 1 to Sept 30 2024)	Benchmark / Source	Target goal		Strategic Alignment	Details
Time to Onboard Employees	Days from offer accepted to first day at work	<p>All numbers are calendar days, total number of positions filled per category in parenthesis:</p> <p>Nursing (166): 31.25 Allied Health (69): 31.17 Admin, Bus., Clin. Support (53): 19.00 Service & Trade (17): 15.35 Management/Leadership (12): 24.33 Care Management (4): 43.25 Business Professional & IT (6): 31.67 Mental Health & Social Svcs. (9): 26.33 Physician & Dentists (10): 50.00 Nurse Practitioner/Physician Assistant (6): 69.67</p> <p>Total Jobs Filled: 352 Total Average time to Onboard: 29.59 Days Total Average Time to Onboard (Excluding Physicians + APP): 28.27 Days Total Average Time to Onboard External Employees 48.25 Days (27.57 Business Days)</p>	<p>All numbers are days</p> <p>Nursing: 27.9 Allied Health: 27.9 Adm Clinical Support: 25.9 Service & Trade: 21.0 Management: 35.7 Care Management: 31.9 Business Professional & IT: 32.1 Mental Health & Social Services: 26.5 Physicians & Dentists: 42.9 Nurse Practitioner/Physician Assistant: 74.5</p> <p>-Total Average Time to Onboard: 27.92 Days -Total Average Time to Onboard (Excluding Physicians + APP): 27.31 Days</p>		19 days		Workforce Sustainability	<p>We anticipated our time to onboard to increase into the holiday season. The time-to-onboard metric is above our benchmark goals by 10 days. This metric is measured by the offer acceptance date and the start date. We've also been administering start dates later into January and February 2025 for non-patient facing positions on a case-by-case basis. In addition, many folks were not able to start during the holiday season due to prior obligations, thus pushing out our start dates further than usual. Our Recruitment Coordination team is focused on ensuring candidate compliance and adherence through the process to ensure that there are no additional delays.</p>



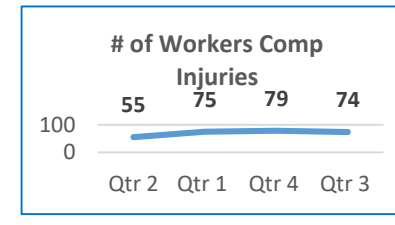
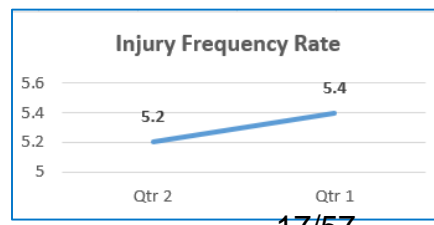
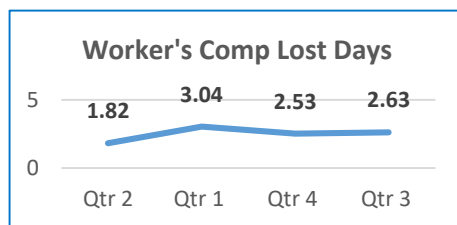
HR Dashboard

Dashboard Item	Description	Current Qtr/FY Q2 FY25 (Oct 1 to Dec 31 2024)	Previous Qtr/FY Q1 FY25 (Jul 1 to Sept 30 2024)	Benchmark / Source	Target goal		Strategic Alignment	Details
Residents of Alameda County	Percent of external applicants, new hires, and current employees that reside in Alameda County						Workforce Sustainability	<p>Resumed attending virtual and in-person job fairs. Planning university and residency outreach.</p> <p>Created partnerships with local community organizations. Formed partnership with the EDD.</p> <p>Working with niche job posting sites to increase employment of local community residents at AHS.</p>
External Applicants		2,547 out of 5,059 (50%)	1,922 out of 3,655 (53%)					
New Hires		102 out of 192 (53%)	119 out of 337 (35%)					
Current Employees		3,425 out of 5,770 (59%)	3,422 out of 5,751 (60%)					



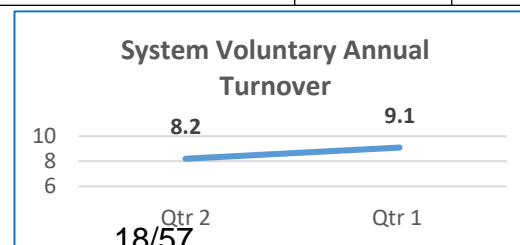
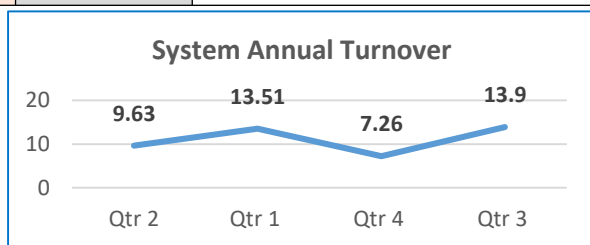
HR Dashboard

Dashboard Item	Description	Current Qtr/FY Q2 FY25 (Oct 1 to Dec 31 2024)	Previous Qtr/FY Q1 FY25 (Jul 1 to Sept 30 2024)	Benchmark / Source	Target goal		Strategic Alignment	Details
Workers' Compensation Lost Days	Days employees are unable to work due to a work related injury	1.82 avg days per FTE	3.04 avg days per FTE	3.40 avg days per fte	3.40 avg days per fte	↓	Workforce Sustainability	Total productive hours declined in Q2 (Q2: 2,015,370 Q1: 2,059,825) which had an impact on the decrease on # of lost days. Other factors that contributed to reduction in #'s: overall seeing less severity on claims (leads to shorter periods off work) and modified duty provided as early as practical for all claims.
Injury Frequency Rate	Measures how often an injury occurs relative to productive hours worked.	5.2	5.4	6.4	6.4	↓	Workforce Sustainability	For the metric of "Injury Frequency Rate", AHS continues to see a positive reduction: Q2 = 5.2 and Q1 = 5.4. Determination made for AHS to benchmark against AHS' overall performance. Benchmark/target of 6.4 based on review of 3 prior years of IFR data, with the goal of a 5% reduction in # of injuries.
# of Workers' Comp Injuries	Number of Workers' Compensation Injuries	55	75	65	65	↓	Workforce Sustainability	55 injuries for Q2 represents a 26.67% decrease over Q1. Top injury causes for Q2: Strain/injury by (patient handling related) - 16; Struck or injured by (patient to staff) - 13. All injuries are reviewed in monthly MOR meetings for staff awareness & mitigation. Other factors: Skills Days for nursing staff has led to more usage of patient lift equipment; Daily Huddle calls address injuries ASAP (lowers severity).



HR Dashboard

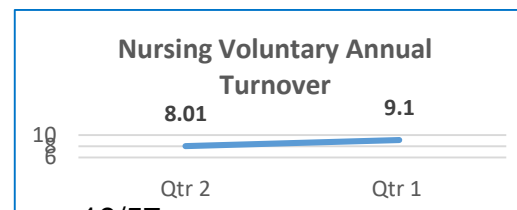
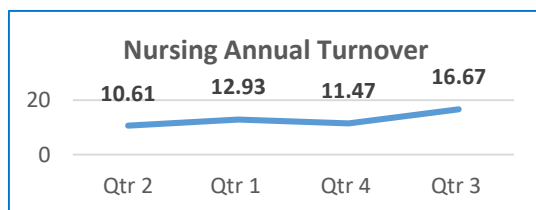
Dashboard Item	Description	Current Qtr/FY Q2 FY25 (Oct 1 to Dec 31 2024)	Previous Qtr/FY Q1 FY25 (Jul 1 to Sept 30 2024)	Benchmark / Source	Target goal		Strategic Alignment	Details
Annual Turnover - System	Number of separations divided by Number of Employees	Annualized - 9.63% Quarterly - 2.41% term count = 135	Annualized - 13.51% Quarterly - 3.38% term count = 190	16.70%	17.00 %	↓	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.
Overall - Annualized/Qtrly								
First Year - Annualized/Qtrly								
Second Year - Annualized/Qtrly								
Annual Turnover - System (Voluntary Separations Only)	Number of Voluntary separations divided by Number of Employees	Annualized - 8.20% Quarterly - 2.05% term count = 115	Annualized - 9.10% Quarterly - 2.28% term count = 128	16.70%	17.00 %	↓	Financial benefit - save cost of hiring, onboarding new employees / Workforce - maintaining quality of care through consistent workforce	Top Term Reasons: Resignation (68); Incentivized Retirement (IRP) (22); Retirement (9); VRSP (8); Disp Action (8); Fail Prob (4); HR Noncompliance (3)
Overall - Annualized/Qtrly								
First Year - Annualized/Qtrly								
Second Year - Annualized/Qtrly								



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

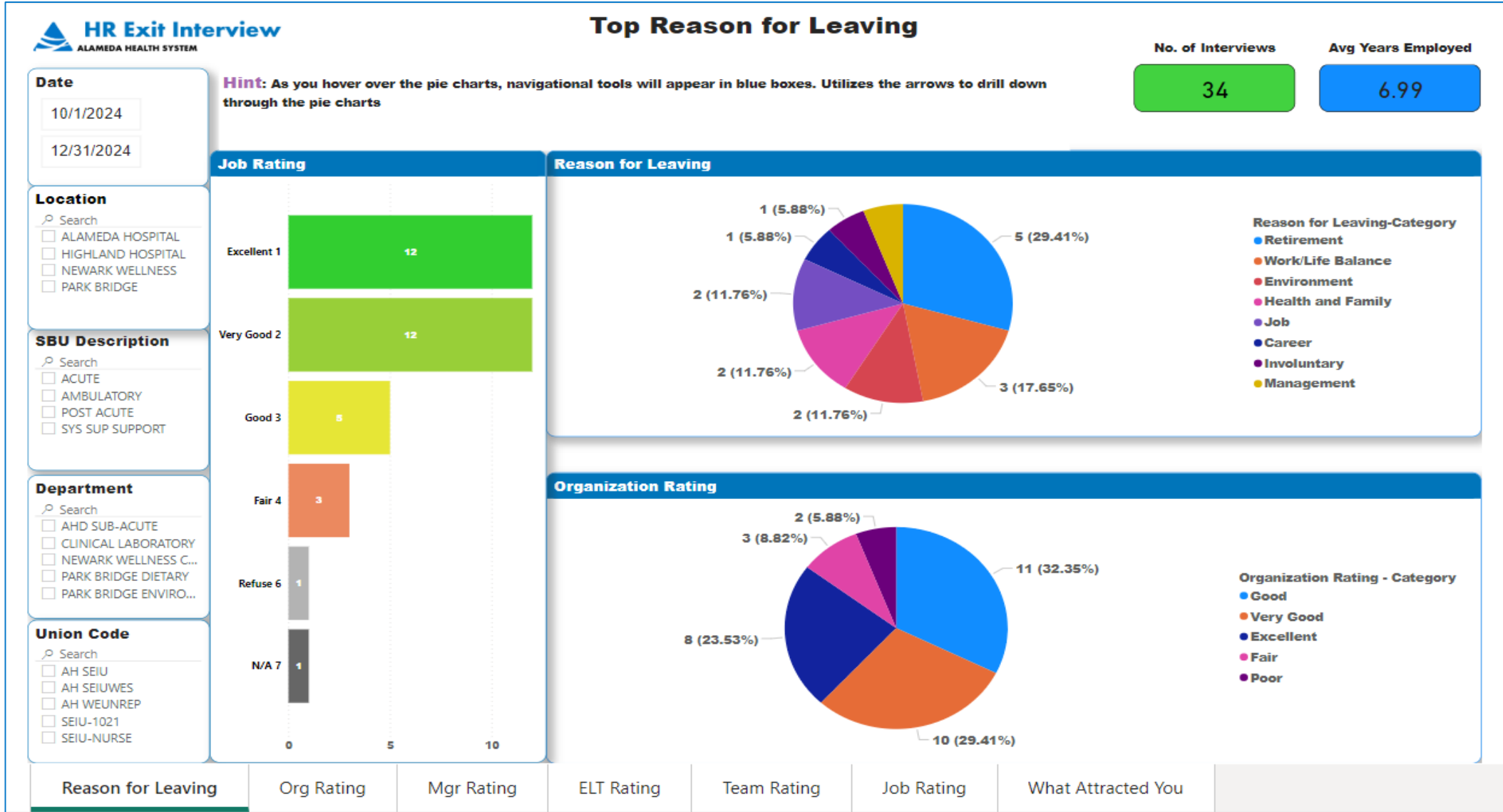
HR Dashboard

Dashboard Item	Description	Current Qtr/FY Q2 FY25 (Oct 1 to Dec 31 2024)	Previous Qtr/FY Q1 FY25 (Jul 1 to Sept 30 2024)	Benchmark / Source	Target goal		Strategic Alignment	Details
Annual Turnover - Nursing (All)	Number of Nursing separations divided by Number of Nursing Employees	Annualized - 10.61% Quarterly - 2.65% term count = 45	Annualized - 12.93% Quarterly - 3.23% term count = 54	14.70%	17.00 %	↓	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.
Overall - Annualized/Qtrly		Annualized - 24.66% Quarterly - 6.16% term count = 18	Annualized - 34.36% Quarterly - 8.59% term count = 28					Sharing turnover data with AHS leadership at department meeting; conducted work group exercise to discuss turnover and retention strategies.
First Year - Annualized/Qtrly		Annualized - 11.88% Quarterly - 2.97% term count = 6	Annualized - 9.70% Quarterly - 2.42% term count = 4					Top Term Reasons: Resignation (20); Incentivized Retirement (IRP) (6); HR Non Compliance (3); VRSP (1); Fail Prob (3) Disp Action(5) Retirement (5)
Second Year - Annualized/Qtrly								
Annual Turnover - Nursing (Voluntary Separations Only)	Number of Nursing Voluntary separations divided by Number of Nursing Employees	Annualized - 8.01% Quarterly - 2.00% term count = 34	Annualized - 9.10% Quarterly - 2.27% term count = 38	16.70%	17.00 %	↓	Financial benefit - save cost of hiring, onboarding new employees / Workforce - maintaining quality of care through consistent workforce	
Overall - Annualized/Qtrly		Annualized - 16.44% Quarterly - 4.11% term count = 12	Annualized - 24.54% Quarterly - 6.13% term count = 20					Top Term Reasons: Resignation (20); Incentivized Retirement (IRP) (6); VRSP (1); Retirement (5)
First Year - Annualized/Qtrly		Annualized - 11.88% Quarterly - 2.97% term count = 6	Annualized - 4.85% Quarterly - 1.21% term count = 2					
Second Year - Annualized/Qtrly								



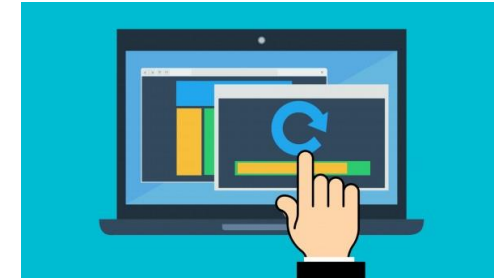
Quarterly turnover rates are annualized to get a projected annual rate. Quarterly turnover rate is multiplied by 4 to calculate annualized rates.

Exit Interview Dashboard



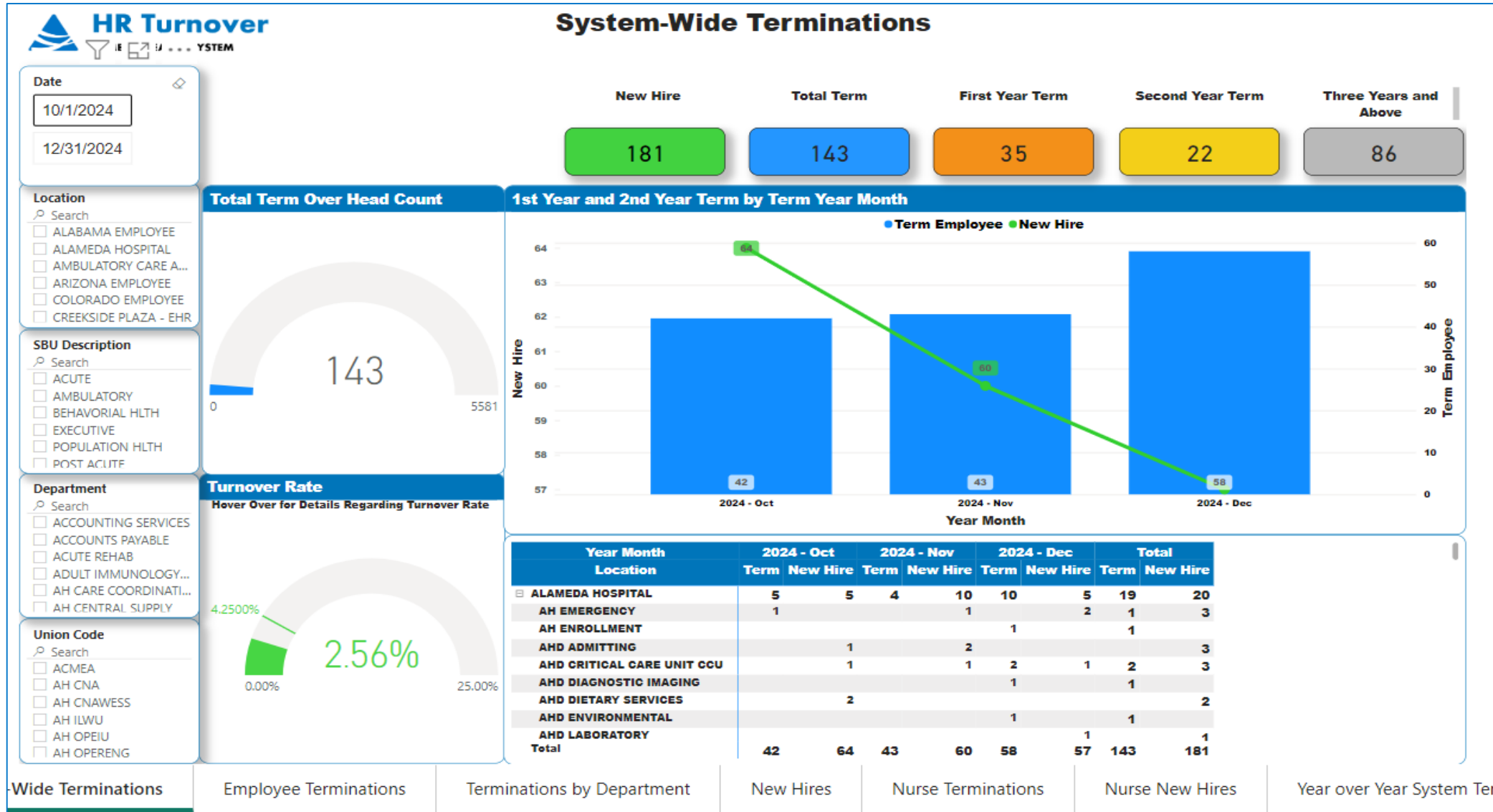
HR Dashboards

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

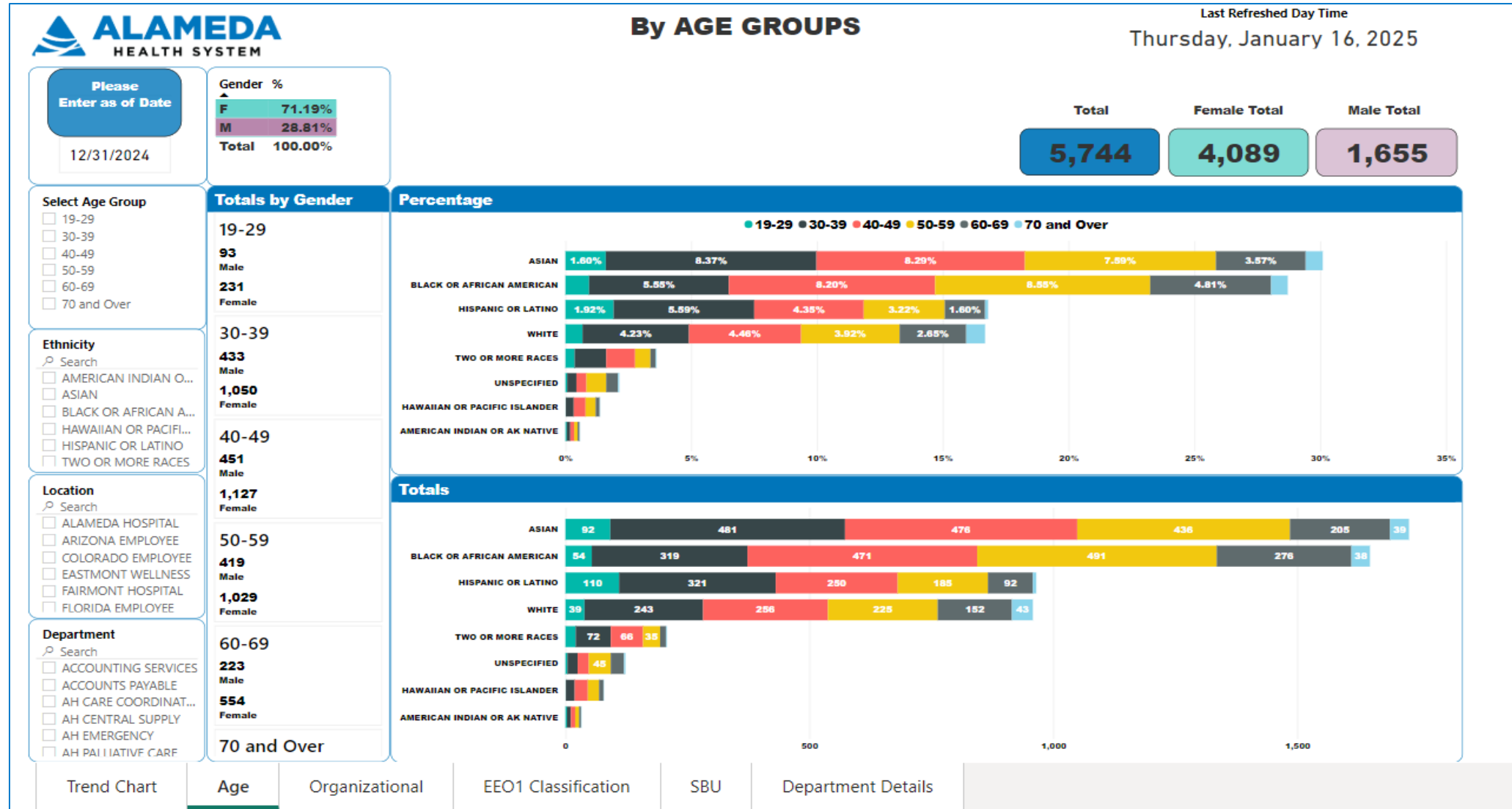


- Diversity Dashboard – avail to all
- Turnover Dashboard – limited to Manager and above
- Exit Interview Dashboard – limited to Manager and above

HR Turnover Dashboard



HR Diversity Dashboard





AHS Mentorship Program

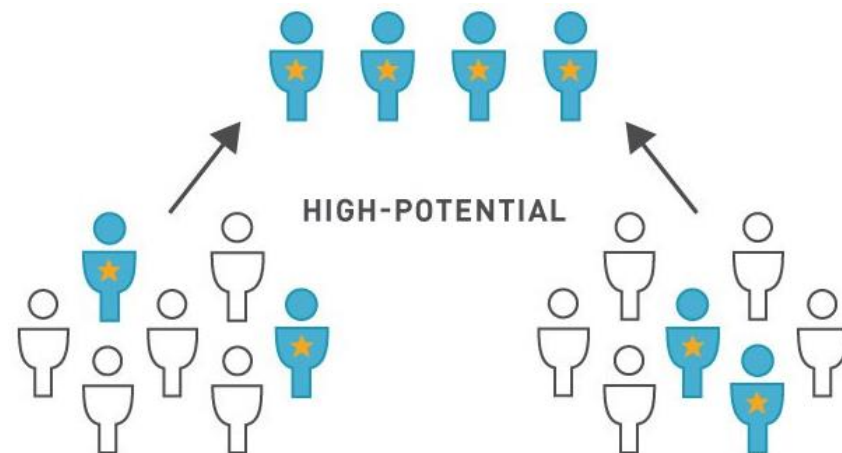
AHS Mentorship Program Definition

Mentoring is a **learning relationship, generally focused on long term career development**. The primary purpose is to drive personal growth; building skills, knowledge and understanding.

AHS Mentorship Program

Purpose

- Develop a strong leadership pipeline to utilize in succession planning and readiness
- Leverage individual talent with growth potential
- Invest in those who aspire to lead and transform the future
- Reduce turnover



AHS Mentorship Program Outline

Program is for six months

Mentees:

- Attends cohort orientation
- Completes DiSC Assessment
- Develops professional goals
 - AHS Mentorship Cohort Learning Module: Leadership & Influence, Servant Leadership, Emotional Intelligence, Improving Self Awareness, and Interpersonal Skills.
 - Individual Development Plan (IDP): personal career pathing.
- Manages relationship and process with mentor
- Attends monthly mentee meetings
- May participate in GrowthSpace coaching



AHS Mentorship Program Outline

Program is for six months

Mentors:

- Attends 1-on-1 orientation
- Completes DiSC Assessment
- Facilitates relationship and process with mentee
- Attends Monthly Mentor Circle (facilitated)
 - Shared experience with mentees
 - Select discussion topics: Emotional Intelligence, Imposter Syndrome, Introvert CEO's posed to thrive, etc.



Mentorship Program Participation

Launched Three Cohorts:

- 26 mentees and 16 mentors
- 3 mentors served in all cohorts and 5 mentors served on two cohorts
- Some mentees are now mentors
- Expanded program to include represented and individual contributor employees
- Celebrated mentorship program participant on June 28, 2024, for the first two cohorts

AHS Mentorship Program Mentee Participants

Name	Title	Department
Aemal Aminy	VP of Support Services	AHS COO Administration
Angela Ng	Director of Care Experience	Patient Experience
Brittany Sims	Project Coordinator	Sys Admission Transfer Center
Candace Luo	Program Coordinator	Translation Services
Dana Littlepage	VP of Patient Care Administrative Services	HGH Administration
Darshan Grewal	Director of Patient Safety	Patient Safety
Desiree Moseley	Manager of Labor Relations	HR Labor Relations
Dusty Gilleland	VP of Patient Care Service	HGH Administration
Holly Garcia	Director of Ambulatory Operations	Ambulatory Services Administration
Jeffrey Wilson	Environmental Health & Safety Manager	Disaster Command Center
Joilah James	Director, HealthPath Operations	HR Business Services
Jovita Okorie	Clinical Nurse V	Surgery
Kristine Claire	Supervisor, Quality Control & Assurance	Clinical Lab
Lilly MacRae	Dir of Community Health	Health Home and Complex Care

AHS Mentorship Program Mentee Participants

Name	Title	Department
Mahnoor (Mahi) Shamrao	Employee Relations Consultant	HR Business Services
Nikita K. Joshi, MD	Medical Director of Emergency Medicine	Emergency Medicine
*Orman Salters	Accreditation Manager	Translation Services
Raymond Celario	Project Coordinator	System Utilization Management
Rebecca Astrachan	Senior Regulatory Affairs Manager	Regulatory Affairs
Sarah Rahman	Associate Chief Med Informatics Officer	System CMIO & Analytics
Sue Fairbanks	Director of Wound Care Center	AHD Wound Care
Terrance Fitzgerald Shaw	Chief Administrative Officer/ VP of Patient Care Services	Ambulatory Services/Outpatient
Tamesha Edwards	Administrative Specialist II	Labor & Delivery
*Theresa Cooper	VP of Patient Care	HGH Administration
Theresa (Tex) Flora	AHD Supervisor, Long TM Care Billing	Long TM Care Billing
Ulysses Madison	Director, People Operations	HR Business Services
Ursula Haynes	Clinical Nurse IV	Health Home & Complex Care

AHS Mentorship Program Mentor

Name	Title	Department
Ana Torres	VP of Quality	Quality and Compliance Administration
Angela Ng	Director of Care Experience	Patient Experience
Felicia Tornabene, MD	Chief Medical Officer	Hospital Administration
James Jackson	Chief Executive Officer	Hospital Administration
Jeanette Dong	Chief Strategy Officer	Hospital Administration
Kevin Shorten	VP of Applications	SYS IS Master
*Linda Velasquez	VP of Human Resources	HR Business Services
*Lorna Jones	Chief Human Resources Officer	Hospital Administration
Mark Fratzke	Chief Operating Officer	Hospital Administration
Mini Swift, MD	VP of Population Health	Population Health Management
Richard Espinoza	Chief Administrative Officer	AHS COO Administration
Romoanetia Lofton	Chief Nursing Officer/Chief Administrative Officer	AHS COO Administration
Sue Fairbanks	Director of Wound Care Center	AHD Wound Care
Terrance Fitzgerald Shaw	Chief Administrative Officer/ VP of Patient Care Services	Ambulatory Services/Outpatient
*Theresa Cooper	VP of Patient Care	HGH Administration
Weihong (Christine) Yang	VP Chief Technology Officer	SYS IS Master



* No longer w/AHS

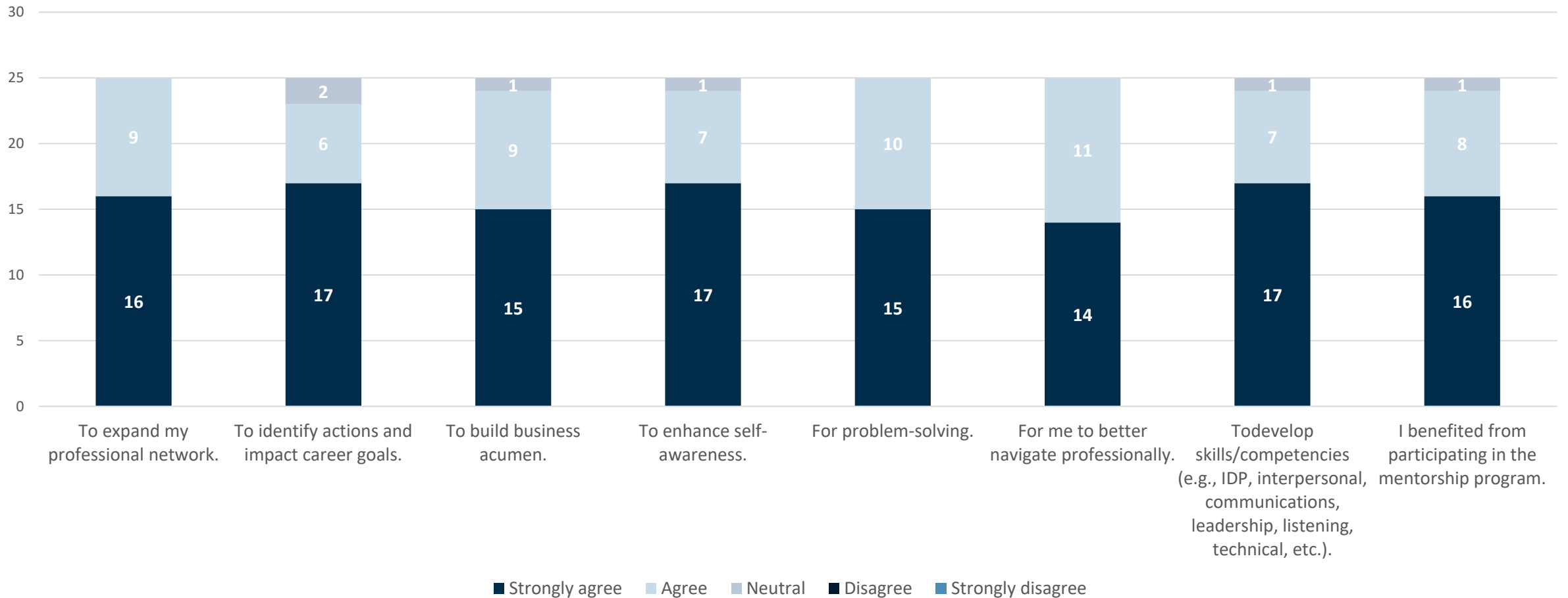
Mentors Circle

Monthly Meeting with Mentors

- Share experiences with mentees
- Exchange tips and ideas
- Discuss select topics
 - Emotional Intelligence
 - Imposter Syndrome
 - Introvert CEOs posed to thrive

AHS Mentorship Program Results

The Mentorship Program provided an opportunity:



AHS Mentorship Program Results

The Mentorship Program provided an opportunity to expand my professional network.	4.64	★	★	★	★	★
The Mentorship Program provided an opportunity to identify actions and impact career goals.	4.60	★	★	★	★	★
The Mentorship Program provided an opportunity to build business acumen.	4.52	★	★	★	★	★
The Mentorship Program provided an opportunity to enhance self-awareness.	4.64	★	★	★	★	★
The Mentorship Program provided an opportunity for problem-solving.	4.60	★	★	★	★	★
The Mentorship Program provided an opportunity for me to better navigate professionally.	4.56	★	★	★	★	★
The Mentorship Program provided an opportunity to develop skills/competencies (e.g., IDP, interpersonal, communications, leadership, listening, technical, etc.).	4.64	★	★	★	★	★
I benefited from participating in the mentorship program.	4.60	★	★	★	★	★

AHS Mentorship Program Testimonies

- My mentor has been thought provoking, honest, and supportive.
- I've become more self aware and learned strategies to address difficult situations.
- The connection with the mentees was great.
- Mentoring provides the mentee with constructive feedback and accountability in successfully completing one's goals.
- I really appreciate the efforts, time, and commitment contributed by the mentor. I hope it will be a mutually benefited mentoring relationship to both the mentor and the mentee.
- Being mentored, provides for a tremendous opportunity to expand my knowledge, abilities, and learned perspectives from my mentor that has demonstrated leadership skills. I look forward to this tremendous opportunity.

AHS Mentorship Program Celebration



AHS Total Rewards



AHS Total Rewards Strategic Initiatives Update

Strategic Initiatives Update



Enhance Employee Experience



Upgrade Program design



Invest in Total Rewards Programs wisely

“Streamline Administration”
“Reduce and Control Cost”
“Assure Federal and State Compliance”
“Improve automation and benefit systems infrastructure”

“Features, functionality, & usability”
“Adaptable to change and growth”
“Leverage industry knowledge”
“Speed of implementation”



Adaptability – respond to change and growth



Automation & Integration



Data & analytics



Strategic Initiatives Update - Benefits

- **Health & Welfare Programs - Enhancements**
 - **Anthem ASO** - Migrated to Anthem ASO from HealthComp TPA – live 1.2025
 - Enhance Employee experience via offering of additional health resources and programs
 - Improvement to Employee medical claims processing
 - Expand AHS-HH Pharma offering to AHS Employees (in process)
 - Estim min. annual savings of \$250K plus
 - **Anthem EAP** - Migrated to Anthem EAP from Claremont EAP – live 1.2025
 - Enhance employee experience via offering of additional mental/emotional health resources and programs and tools
 - 2 CIRS YTD 2025 – successfully managed
 - **USI Partner** – consolidation of external broker partner from 2 providers to 1 – live 5.2024
 - Efficiency and better coordination of services provided
 - Reduction of annual cost (contract renewal currently in process)
 - **Launch of Benefits Administration Platform** – target launch: FY26Q1
 - enhanced employee experience via offering of additional health resources and programs
 - Improvement to employe medical claims processing
 - Estim annual savings of \$250K up to \$770K annually
 - **Ancillary Employee Benefits** – target launch: 1.2026
 - Review and enhancement to ancillary benefit programs –
 - Lagging market and
 - Should be minimal if any cost impact to organization



Strategic Initiatives Update - Retirement & Compensation

- **Retirement Programs** – initiatives going live in 2025:
 - Launch of Federal Secure 2.0 enhancements – increase employee experience
 - Updated system integration – increase data integrity

- **Compensation Management** – initiatives in process
 - Review and update of Compensation/Data tracking process – in process
 - Review and update Compensation policy and procedure
 - Assure federal and state Total Rewards Compliance
 - Assure pay transparency, market competitiveness and internal equity
 - Enhance employee and manager experience



Strategic Initiatives Update –

Organization Impacts & Cost Savings

Functional Area	Cost Savings	Organization Impact
Health & Welfare Programs	Approx \$250K - \$1M per year savings	Enhanced Employee experience Increased program admin efficiency and effectiveness
Retirement Programs	Approx \$25K-\$50K per year savings	Enhanced Employee experience Increased program admin efficiency and effectiveness
Compensation Management	Approx \$500K per year savings	Enhanced Employee and Manager experience Increased program admin efficiency and effectiveness
Total	Approx \$800K to \$1.550M per year savings	Enhanced Employee and Manager experience Increased program admin efficiency and effectiveness



Detail related to Ben Admin Platform

- Detail

Benefits Administration Platform

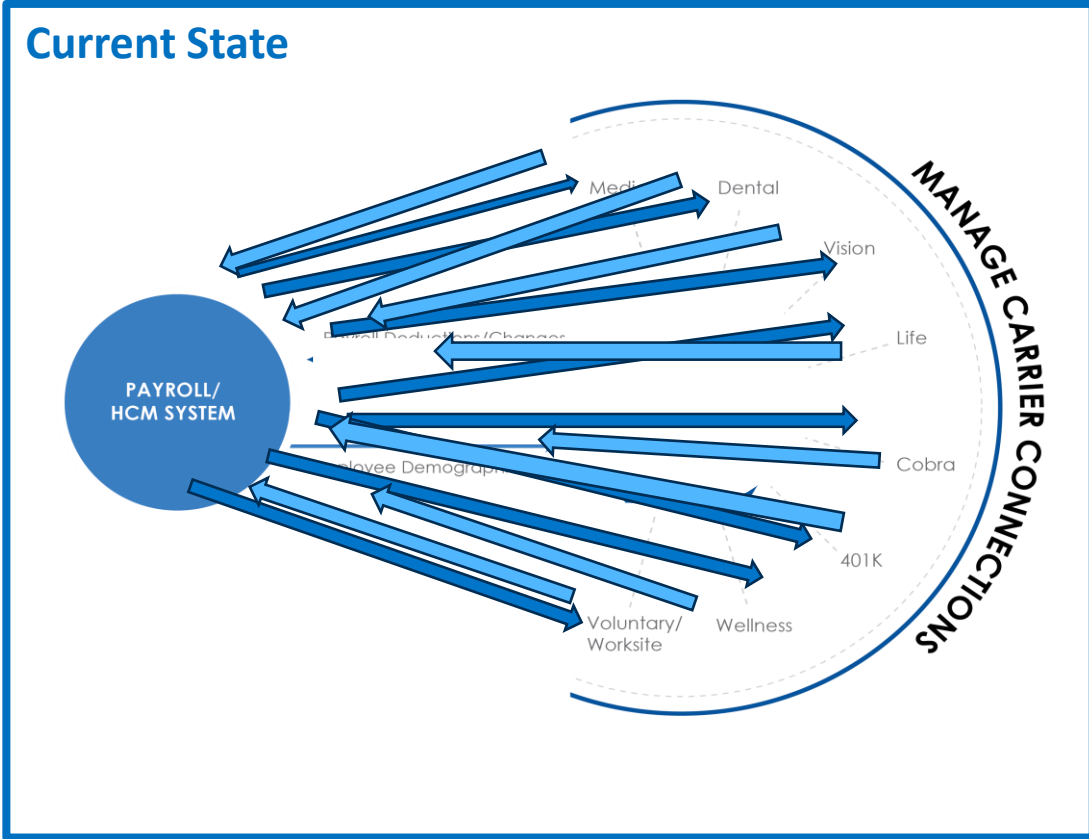
Goals of implementation -

- Streamline Administration
- Reduce and Control Cost
- Assure Federal and State Compliance
- Improve automation and benefit systems infrastructure

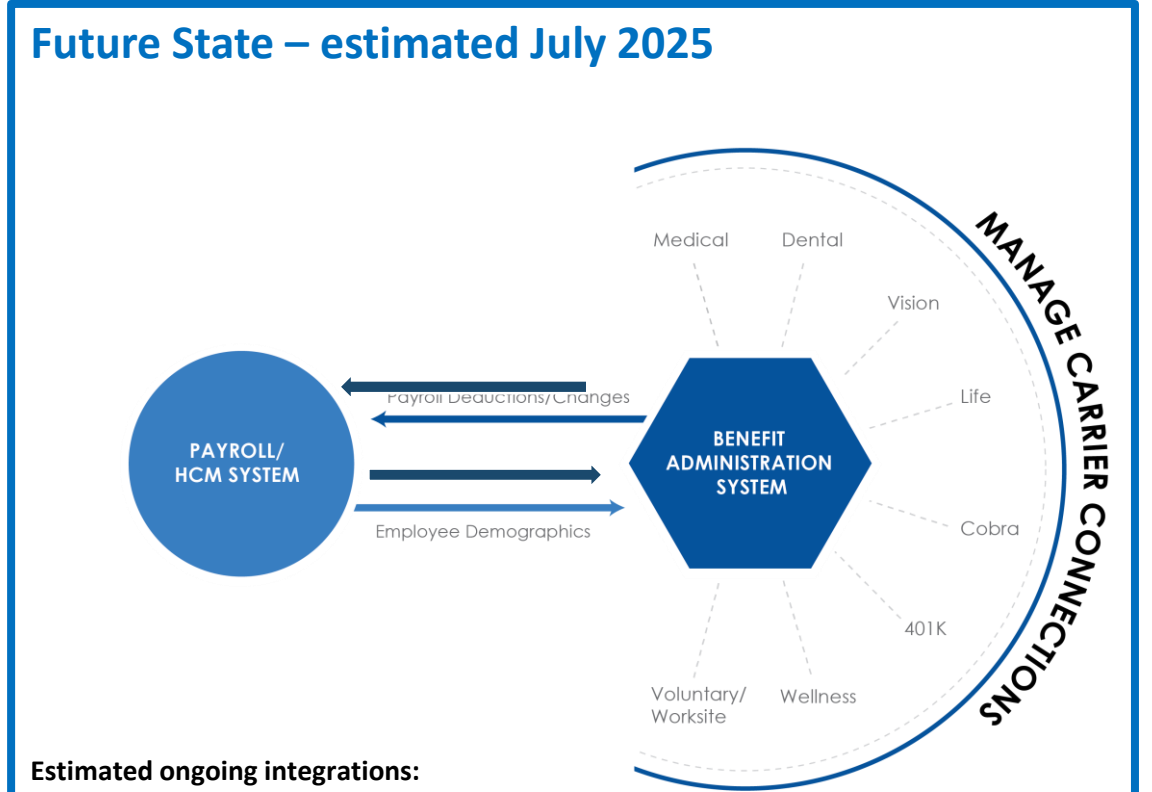
*Compliance: Fed no longer providing defense of good faith effort for ACA (up to \$2.5M penalty), EEOC, COBRA, ADA etc

- Detail

Current State



Future State – estimated July 2025



Estimated ongoing integrations:

- Outbound EE demographic
- Inbound EE deduction
- Outbound Payroll feedback verification

Estimated 1X data loads/actions include:

- 2024 historic
- 2025 new data
- SSO

Benefits Impact includes:

- Currently conducting outbound/inbound to approx. 27 vendor partners
- Current multiple weekly, bi-weekly, monthly and API
- State and Federal Audit & Reporting compliance
- Approx \$1.5M Vendor spend

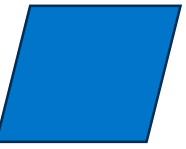


AHS Total Rewards

Strategic Initiatives Update – Benefits Administration Platform

- Detail

	Business Process Consolidation to New Platform	a la carte (estim) Annual	Integrated Solution (estim) Annual	Savings**	Estim Net Cost after transition
*	Dependent Verification (Alight)	\$50,000 - 75,000	Included		
*	COBRA Admin (Optum)	\$35,000 - 40,000	Included		
*	ACA Compliance* (ADP)	\$65,000 - 85,000	Included		
*	Current Manual (billing; reconciliation, etc)	\$85,000 - 120,000	Included		
*	Vendor Tech Credits		\$225,000 - \$480,000 (applied)		
*	Platform Cost	n/a	\$372,000 - \$400,000		
*	Cost to implement - AHS		\$12,000		
*	TOTAL w/out credits applied	\$185,000 - \$245,000			
*	Estim TOTAL w/ credits applied **	\$460,000 - \$770,000	\$0	\$235,000 - \$770,000	\$0 - \$225,000
*	5 year cost impact	\$2.30M - \$3.85M	\$0.0 - \$1.12M	\$1.175M - \$3.85M	\$0.0 - \$1.12M



Questions?

AHS Volunteer Program

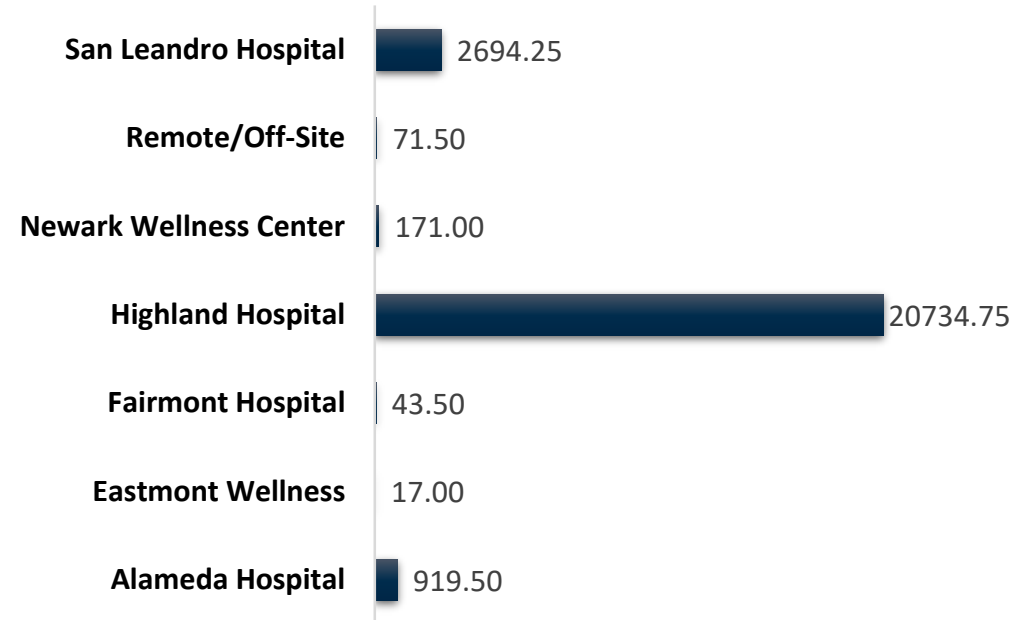
2024 AHS Volunteer Services Annual Report



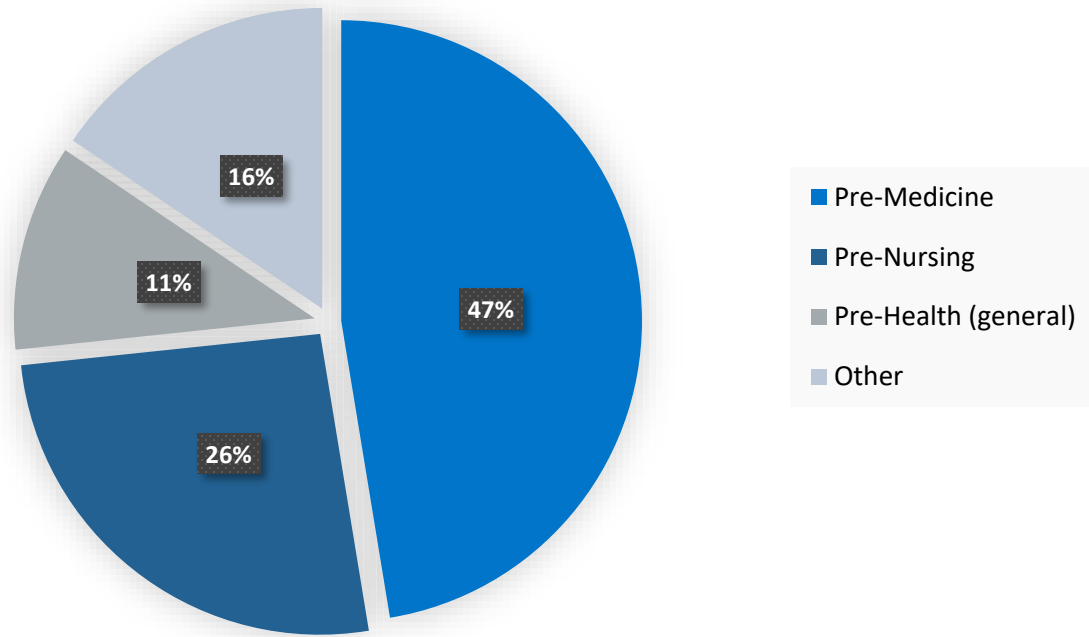
In 2024, 226 individual volunteers recorded service hours with AHS.

2024 VOLUNTEER SERVICE HOURS	
Total Hours	24,651.50
Total Monetary Value*	\$825,577.16
FTE Equivalent	11.85
<p>Monetary value based on \$33.49 national average for volunteer hours established by Independent Sector; FTE equivalent calculated using 40-hour week for full-time employees.</p>	

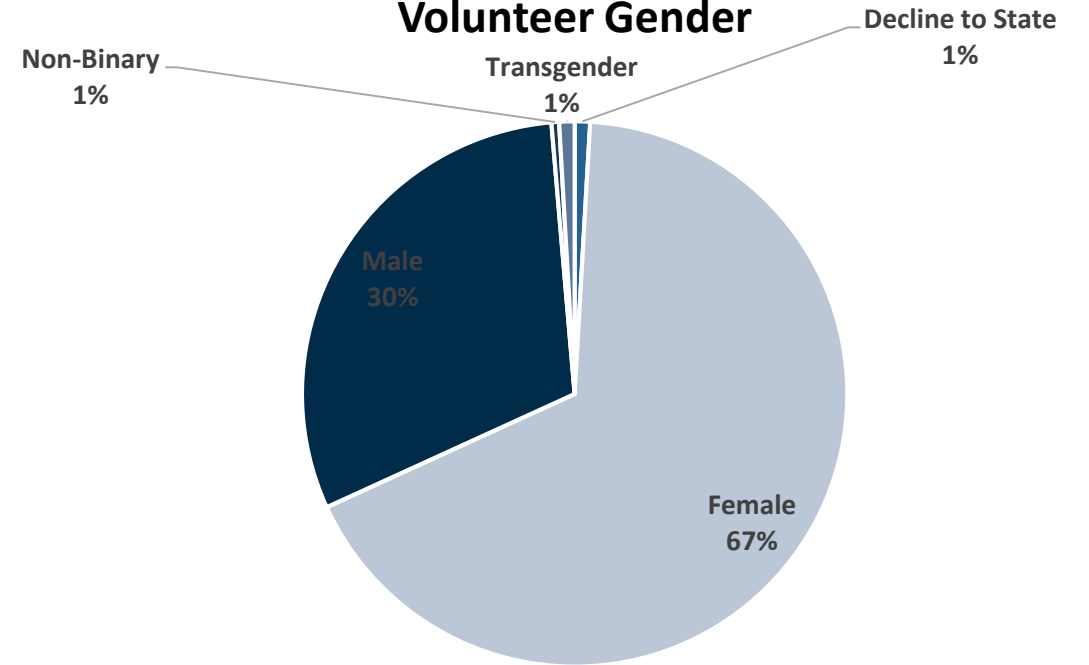
Volunteer Hours per Campus



Reasons Given to Volunteer

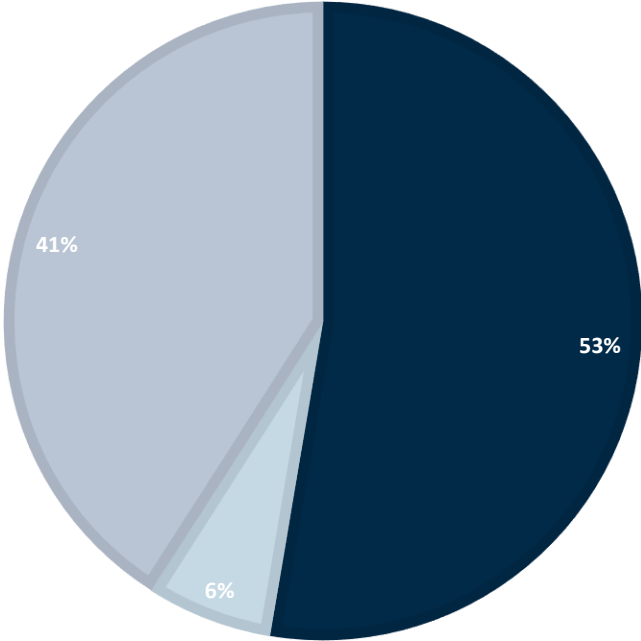


Volunteer Gender



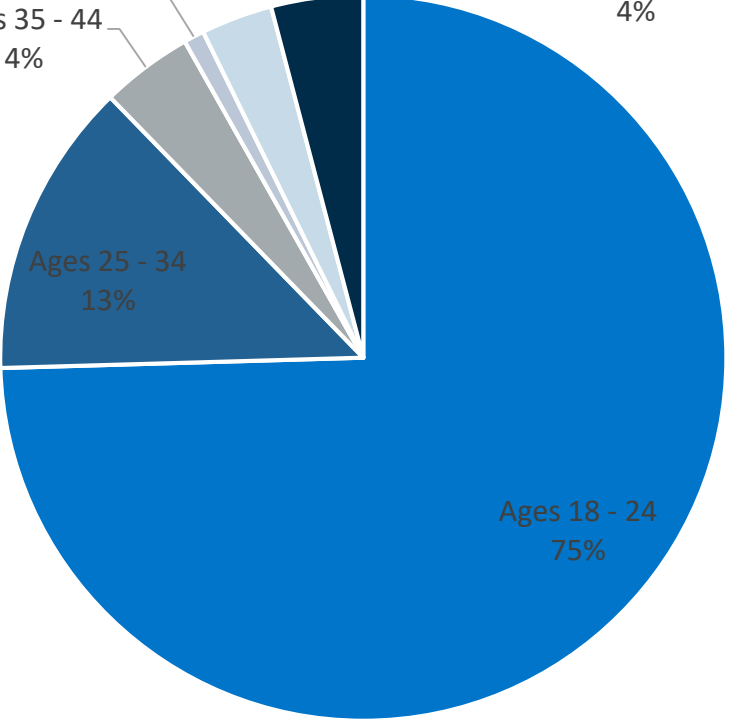
Percentage of Student Volunteers

■ Student - Full Time ■ Student - Part Time ■ Non-Student



Volunteer Age Range

Ages 45 - 54 1%
 Ages 55 - 64 3%
 Ages 35 - 44 4%
 Ages 25 - 34 13%
 Ages 18 - 24 75%

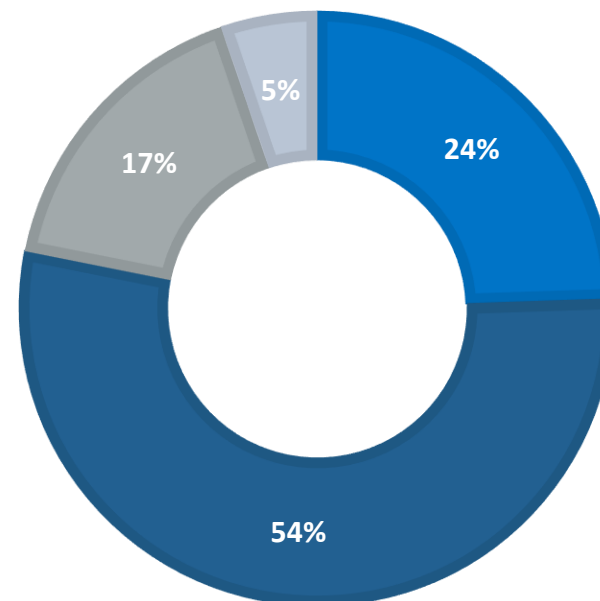


33 different languages/dialects are currently spoken by volunteers, and 22% volunteers speak 3 or more languages:

- Arabic
- Armenian
- Bangla
- Berber
- Bosnian
- Cantonese
- Chinese
- Farsi
- French
- German
- Gujarati
- Hiligaynon/Ilonggo
- Hindi
- Italian
- Japanese
- Kannada
- Khmer
- Korean
- Mandarin
- Marathi
- Nepali
- Odiya
- Pashto
- Portuguese
- Spanish
- Tagalog
- Taiwanese
- Tamil
- Telugu
- Thai
- Tigrinya
- Urdu
- Vietnamese

NUMBER OF LANGUAGES SPOKEN

English Only Two Languages Three Languages Four or More Languages



AHS Volunteer Program Fun Facts

In 2024, 10 volunteers were accepted to schools for healthcare related careers, including nursing school, medical school, PA school, and occupational therapy school.

There are currently 54 former volunteers employed by AHS across six different sites, including nurses, chaplains, physicians, clerks, ED technicians, physician assistants, radiology technicians, lactation consultants, CNAs, and more.

There are two former volunteers currently completing their medical school residencies at Highland Hospital, both in Internal Medicine.

Thank you