



## HUMAN RESOURCES COMMITTEE MEETING

**April 16, 2025  
5:30pm-7:00pm**

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=83992762195>

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>

### **MEMBERS**

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](mailto: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 February 19, 2025, Human Resources Committee Meeting](#)**

*Recommendation: Motion to Approve*

[Materials for Agenda Items B, C, and D.](#)

B. **INFORMATION/DISCUSSION: Chief Human Resources Officer Update**

*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**

*Karen Skillman, Director of HRIS and HR Operations*  
*Catherine Kozul, Director of Total Rewards*  
*Shamon Blue, Manager of Benefits*

## **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.**

**A. ACTION: Approval of Minutes of the February 19,  
2025, Human Resources Committee Meeting**



## HUMAN RESOURCES COMMITTEE MEETING

**February 19, 2025  
5:30pm-7:00pm**

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**

Taft Bhuket, MD  
Donna Linton  
Nely Obligacion  
David Sayen, Chair

## HUMAN RESOURCES COMMITTEE MEETING MINUTES

**THE MEETING WAS CALLED TO ORDER AT: 5:34 pm**

**ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT:** Taft Bhuket, MD, Dona Linton, David Sayen

**ABSENT:** Nely Obligacion, Excused

A quorum was established.

**PUBLIC COMMENT:** None

**PUBLIC COMMENT:**

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

Trustee Bhuket moved and Trustee Linton seconded to approve the Minutes of the October 16, 2024 Human Resources Committee Meetings.

**ACTION:** A motion was made and seconded to approve the Minutes of the October 16, 2024 Human Resources Committee Meetings. A roll call was taken, and the motion passed.

**AYES:** Trustees Bhuket, Linton, Sayen

**NAYS:** None

**ABSTENTION:** None

**B. OPENING REMARKS**

*Arleen Gomez, Interim Chief Human Resources Officer*

Ms. Gomez introduced her team. No Trustee questions were asked.

**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 Sayen asked if there was a plan in place to meet the 19-day target goal for Time-to-Onboard-Employees, which was currently at 29.5 days. Mr. Nool said the focus was on candidate adherence, insuring candidates went to all of their appointments, such as health services and screenings. Also impacting the time-to-onboard were the recent holidays and the hiring hold.

Trustee Linton asked what percentage of the total people contacted for the exit interviews responded. Ms. Skillman said they were at about a 45% response rate. The vendor reached out six times to ensure the employee has the opportunity to respond.

Trustee Sayen asked if the Executive Order regarding diversity would impact any programs at AHS. Ms. Gomez said no programs came to mind at the moment. They would look at their processes then confer with their colleagues. Mr. Jackson said they had to be mindful. He believed in their programs, and they were talking about ways to continue doing the important work. He said that Mr. Azizi was already working with the HealthPath program team to ensure the program was hardened and compliant.

Trustee Linton said the HealthPath program was not funded by Federal funds. Mr. Azizi said it was mainly funded by the Foundation, but they were potentially trying to reach State and local actors through the Fourteenth Amendment. UCSF had a similar program to our HealthPath program, and they were being sued over it. The Legal team had reviewed that case and were working the AHS HealthPath program to ensure compliance. Trustee Linton said “serving all” was in the mission and she hoped that was something they could stand on.

Trustee Bhuket asked for two key results that Ms. Gomez would want to see go to the full Board. She said Reduction-in-Injuries and Time-to-Fill were both strong measures. All but one metric was moving in a positive direction.

**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*

Trustee Sayen asked why the volunteer hours were so much less at Alameda Hospital than Highland or San Leandro. Mr. Pokorny said that a lot of it was location of the schools with Cal State East Bay and Chabot being close to San Leandro. There were also fewer transportation options on the island. Highland was known as ‘the place to be’ for school programs.

Mr. Azizi said the Committee would meet in closed session to consider the items as set forth on the agenda.

**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**

Mr. Azizi said no reportable actions were taken in Closed Session.

**TRUSTEE COMMENTS**

**ADJOURNMENT: 7:33pm**



## **Materials for Agenda Items B, C, and D.**

# Human Resources Committee

Board of Trustees

April 16, 2025

# Agenda

**01** CHRO Update

---

**02** HR Dashboards

---

**03** HR Division Updates

---

# CHRO Update

Arleen Gomez

Interim Chief Human Resources Officer

## CHRO Update

---

- St. Rose Hospital
- HR Technology Updates
- Total Rewards Updates

# Human Resources Presenters

- **Justin Nool**, Director of Talent Acquisition
- **Karen Skillman**, Director of HRIS and HR Service
- **Greg Stephens**, Manager of Leave Programs
- **Catherine Kozul**, Director of Total Rewards
- **Shamon Blue**, Manager of Benefits

# HR Dashboard

Dashboard Item	Description	Current Qtr/FY Q3 FY25 (Jan 1 to Mar 31 2025)	Previous Qtr/FY Q2 FY25 (Oct 1 to Dec 31 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><b>All numbers are calendar days, total number of positions filled per category in parenthesis:</b></p> <p>Admin, Business &amp; Clinical Support (67): 63.58                      Allied Health (74): 54.12                      Business Professional &amp; IT (8): 70.00                      Care Management (12): 80.92                      Management (10): 6.40                      Mental Health &amp; Social Services (8): 39.25                      Nurse Practitioner/Physician Assistant (4): 140.00**                      Nursing:(136): 66.12                      Physicians &amp; Dentists (17): 82.76**                      Service &amp; Trade (27): 75.41</p> <p><b>Total Jobs Filled:</b> 362 (173 External, 189 Internal)  <b>Total Average time to Fill:</b> 62.62 Days  <b>Total Average Time to Fill (External):</b> 87.55 Days</p> <p>**Physician and NP/PA metrics are not included</p>	<p><b>All numbers are calendar days, total number of positions filled per category in parenthesis:</b></p> <p>Admin, Bus., Clin. Support (53): 31.19                      Allied Health (69): 51.17                      Business Professional &amp; IT (6): 39.99                      Care Management (4): 74.25                      Management/Leadership (12): 119.25                      Mental Health &amp; Social Svcs. (9): 27.33                      Nurse Practitioner/Physician Assistant (6): 47.00                      Nursing (166): 34.58                      Physician &amp; Dentists (10): 38.20                      Service &amp; Trade (17): 46.59</p> <p><b>Total Jobs Filled:</b> 352 (157 External, 195 Internal)  <b>Total Average time to Fill:</b> 41.45 Days  <b>Total Average Time to Fill (External):</b> 61.31 Days (35.03 Business Days)</p>	51 days	51 days	Workforce Sustainability	<p>In Q3 FY25, there was an increase of 10 jobs filled compared to Q2 FY25, which represents a 2.84% increase. This increase came mostly from external hires in Q3, where the number of positions filled rose by 16 jobs, compared to a slight decrease in internal hires (down by 6 positions). The average time to fill positions increased by 21.17 days in Q3, from 41.45 days in Q2 to 62.62 days in Q3. This represents a 51.06% increase, indicating potential delays in recruitment processes (i.e. the temporary hold on offers at the beginning of the quarter) and increased difficulty in filling positions during Q3. The external time to fill saw a significant increase of 26.24 days in Q3 compared to Q2. Though there is focused attention on aging requisitions, we've made more efforts and executed on strategies to close our hard to fill categories. Factors like a tight labor market, longer candidate searches, or more extensive vetting processes also contribute to our increased time to fill.</p>

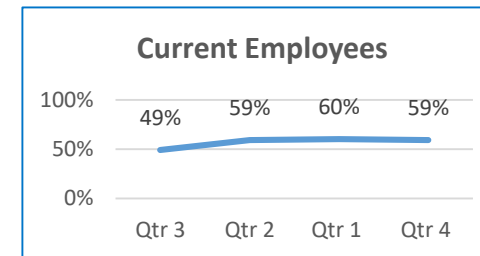
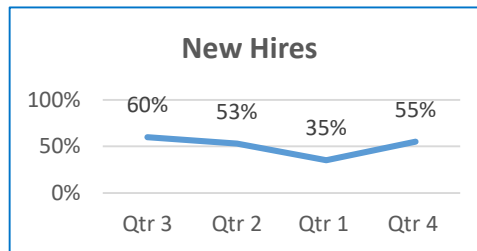
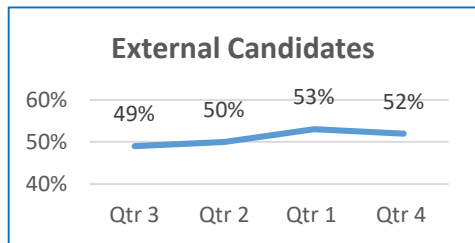
# HR Dashboard

Dashboard Item	Description	Current Qtr/FY Q3 FY25 (Jan 1 to Mar 31 2025)	Previous Qtr/FY Q2 FY25 (Oct 1 to Dec 31 2024)	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 (67): 29.10            Allied Health (74): 22.86            Business Professional &amp; IT (8): 57.13            Care Management: (12): 25.36            Management (10): 31.20            Mental Health &amp; Social Services (8): 15.38            Nurse Practitioner/Physician Assistant (4): 42.75***            Nursing:(136): 29.75            Physicians &amp; Dentists (17): 18.41***            Service &amp; Trade (27): 24.89</p> <p><b>Total Jobs Filled:</b> 362 (173 External, 289 Internal)  <b>Total Average time to Onboard:</b> 27.66 Days  <b>Total Average Time to Onboard External Employees</b> 28.91 Days</p>	<p><b>All numbers are calendar days, total number of positions filled per category in parenthesis:</b></p> <p>Admin, Bus., Clin. Support (53): 19.00            Allied Health (69): 31.17            Business Professional &amp; IT (6): 31.67            Care Management: (4): 43.25            Management/Leadership (12): 24.33            Mental Health &amp; Social Svcs. (9): 26.33            Nurse Practitioner/Physician Assistant (6): 69.67            Nursing (166): 31.25            Physician &amp; Dentists (10): 50.00            Service &amp; Trade (17): 15.35</p> <p><b>Total Jobs Filled:</b> 352  <b>Total Average time to Onboard:</b> 29.59 Days  <b>Total Average Time to Onboard (Excluding Physicians + APP):</b> 28.27 Days  <b>Total Average Time to Onboard External Employees</b> 48.25 Days (27.57 Business Days)</p>		19 days	Workforce Sustainability	<p>There was an increase of 10 positions filled in Q3 FY25, representing a 2.84% increase compared to Q2 FY25--including an increase in external candidates . This slight increase in recruitment suggests ongoing demand for talent and a continued effort to meet hiring goals. The average time to onboard decreased by 1.93 days in Q3, showing a 6.5% improvement in onboarding efficiency. Although the average time to onboard is still above the benchmark of 19 days, the reduction reflects efforts to streamline onboarding processes. The time to onboard external employees saw a dramatic decrease of 19.34 days (a 40.1% reduction) in Q3. While this is a significant improvement, the current 28.91 days still exceeds the 19-day benchmark. However, the progress in reducing this gap is promising and suggests that future quarters may meet or even exceed the benchmark if this trend continues. We are currently in a pilot process improvement in which we are focusing on reducing the processing time and administering more immediate start dates (within the parameters of our EHS and background checking capabilities). Our Recruitment Coordination team is focused on ensuring candidate compliance and adherence through the process to ensure that there are no additional delays.</p>



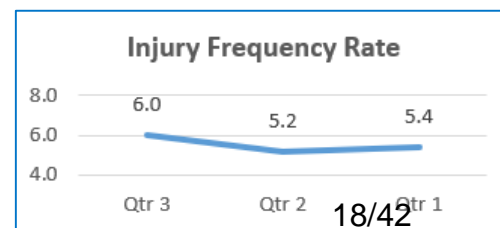
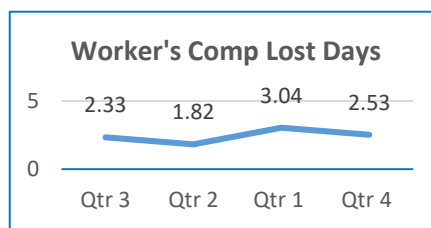
# HR Dashboard

Dashboard Item	Description	Current Qtr/FY Q3 FY25 (Jan 1 to Mar 31 2025)	Previous Qtr/FY Q2 FY25 (Oct 1 to Dec 31 2024)	Strategic Alignment	Details
<b>Residents of Alameda County</b>  <b>External Applicants</b> <hr/> <b>New Hires</b> <hr/> <b>Current Employees</b>	Percent of external applicants, new hires, and current employees that reside in Alameda County	2,606 out of 5,272 (49%) <hr/> 90 out of 182 (60%) <hr/> 3,460 out of 5,805 (49%)	2,547 out of 5,059 (50%) <hr/> 102 out of 192 ( 53%) <hr/> 3,425 out of 5,770 (59%)	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>



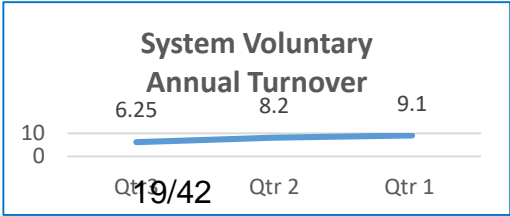
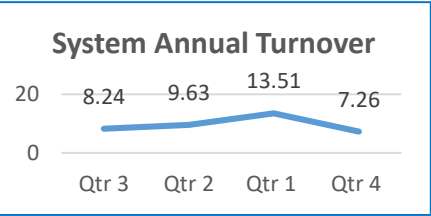
# HR Dashboard

Dashboard Item	Description	Current Qtr/FY Q3 FY25 (Jan 1 to Mar 31 2025)	Previous Qtr/FY Q2 FY25 (Oct 1 to Dec 31 2024)	Benchmark / Source	Target goal		Strategic Alignment	Details
Workers' Compensation Lost Days	Days employees are unable to work due to a work related injury	2.33 avg days per FTE	1.82 avg days per FTE	3.40 avg days per fte	3.40 avg days per fte	↓	Workforce Sustainability	Total productive hours increased in Q3 (Q3: 2,276,982; Q2: 2,015,370 Q1) which had an impact on the increase on # of lost days. However, still below benchmark/target of 3.40. 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.	6.0	5.2	6.4	6.4	↓	Workforce Sustainability	For the metric of "Injury Frequency Rate", AHS saw a slight increase in IFR. However, remains below 6.4 benchmark/target. Overall, AHS is tracking to a lower IFR than previous fiscal years.
# of Workers' Comp Injuries	Number of Workers' Compensation Injuries	91	55	65	65	↑	Workforce Sustainability	91 injuries for Q3 represents a 65.547% increase over Q2. Top injury causes for Q3: Strain/injury by (patient handling related) - 26; Struck or injured by (patient to staff) - 24. Other events leading to increase: Norovirus outbreak at JGPH in Jan - 8 claims; Stress claims from Patient "sentinel event" at HGH in Feb. - 6 claims. All injuries are reviewed in monthly MOR meetings for staff awareness & mitigation efforts.



# HR Dashboard

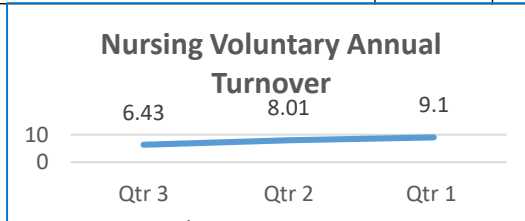
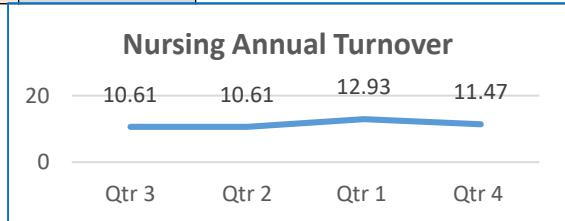
Dashboard Item	Description	Current Qtr/FY Q3 FY25 (Jan 1 to Mar 31 2025)	Previous Qtr/FY Q2 FY25 (Oct 1 to Dec 31 2024)	Benchmark / Source	Target goal	Strategic Alignment	Details
<b>Annual Turnover - System</b>  <b>Overall - Annualized/Qtrly</b>  <b>First Year - Annualized/Qtrly</b>  <b>Second Year - Annualized/Qtrly</b>	Number of separations divided by Number of Employees	Annualized - 8.24% Quarterly - 2.06% term count = 116  Annualized - 17.20% Quarterly - 4.30% term count = 31  Annualized - 11.50% Quarterly - 2.87 % term count = 19	Annualized - 9.63% Quarterly - 2.41% term count = 135  Annualized - 14.68% Quarterly - 3.67% term count = 28  Annualized - 13.53% Quarterly - 3.38 % term count = 21	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.  Sharing turnover data with AHS leadership at department meeting; conducted work group exercise to discuss turnover and retention strategies.  Top Term Reasons: Resignation (66); Retirement (14); Disp Action (8); Fail Prob (4); HR Noncompliance (13)
<b>Annual Turnover - System (Voluntary Separations Only)</b>  <b>Overall - Annualized/Qtrly</b>  <b>First Year - Annualized/Qtrly</b>  <b>Second Year - Annualized/Qtrly</b>	Number of Voluntary separations divided by Number of Employees	Annualized - 6.25% Quarterly - 1.56% term count = 88  Annualized -11.65% Quarterly - 2.91% term count = 21  Annualized - 9.08% Quarterly - 2.27 % term count = 15	Annualized - 8.20% Quarterly - 2.05% term count = 115  Annualized - 10.48% Quarterly - 2.62% term count = 20  Annualized - 13.53% Quarterly - 3.38 % term count = 20	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 (66); Retirement (14); Incentivized Retirement Plan (3)



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

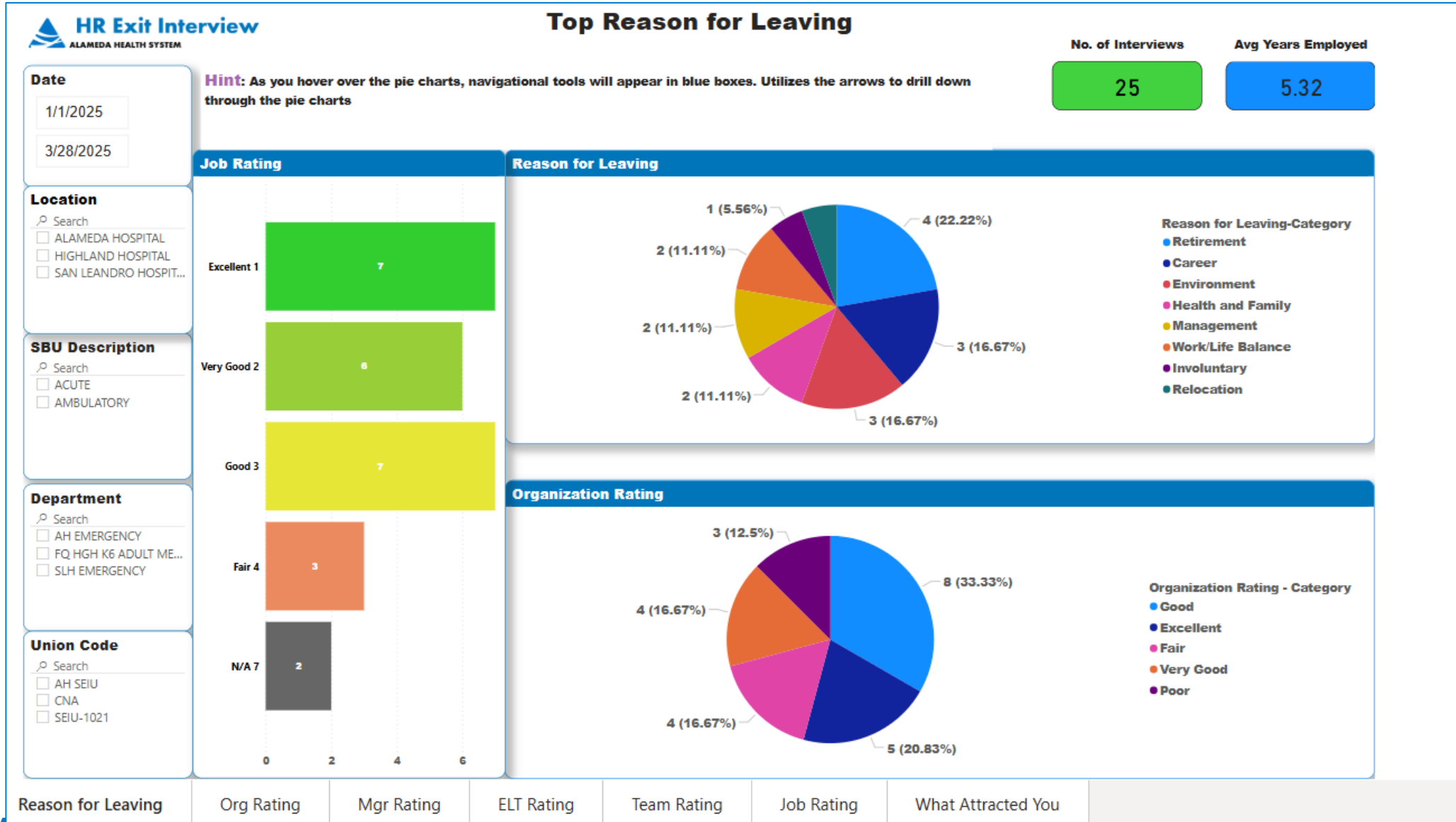
# HR Dashboard

Dashboard Item	Description	Current Qtr/FY Q3 FY25 (Jan 1 to Mar 31 2025)	Previous Qtr/FY Q2 FY25 (Oct 1 to Dec 31 2024)	Benchmark / Source	Target goal	Strategic Alignment	Details
<b>Annual Turnover - Nursing (all)</b>	Number of Nursing separations divided by Number of Nursing Employees	Annualized - 10.61% Quarterly - 2.65% term count = 45	Annualized - 10.61% Quarterly - 2.65% term count = 45	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.  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 (4); Retirement (3); Disp Act (3); Fail Prob (3)
<b>Overall - Annualized/Qtrly</b>		Annualized - 23.61% Quarterly - 5.90% term count = 17	Annualized - 24.66% Quarterly - 6.16% term count = 18				
<b>First Year - Annualized/Qtrly</b>		Annualized - 10.34% Quarterly - 2.59% term count = 6	Annualized - 11.88% Quarterly - 2.97% term count = 6				
<b>Second Year - Annualized/Qtrly</b>							
<b>Annual Turnover - Nursing Voluntary Separations Only</b>	Number of Nursing Voluntary separations divided by Number of Nursing Employees	Annualized - 6.43% Quarterly - 1.61% term count = 28	Annualized - 8.01% Quarterly - 2.00% term count = 34	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 (22); Retirement (3)
<b>Overall - Annualized/Qtrly</b>		Annualized - 11.11% Quarterly - 2.78% term count = 8	Annualized - 16.44% Quarterly - 4.11% term count = 12				
<b>First Year - Annualized/Qtrly</b>		Annualized - 12.07% Quarterly - 3.02% term count = 7	Annualized - 11.88% Quarterly - 2.97% term count = 6				
<b>Second Year - Annualized/Qtrly</b>							



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



Reason for Leaving

Org Rating

Mgr Rating

ELT Rating

Team Rating

Job Rating

What Attracted You

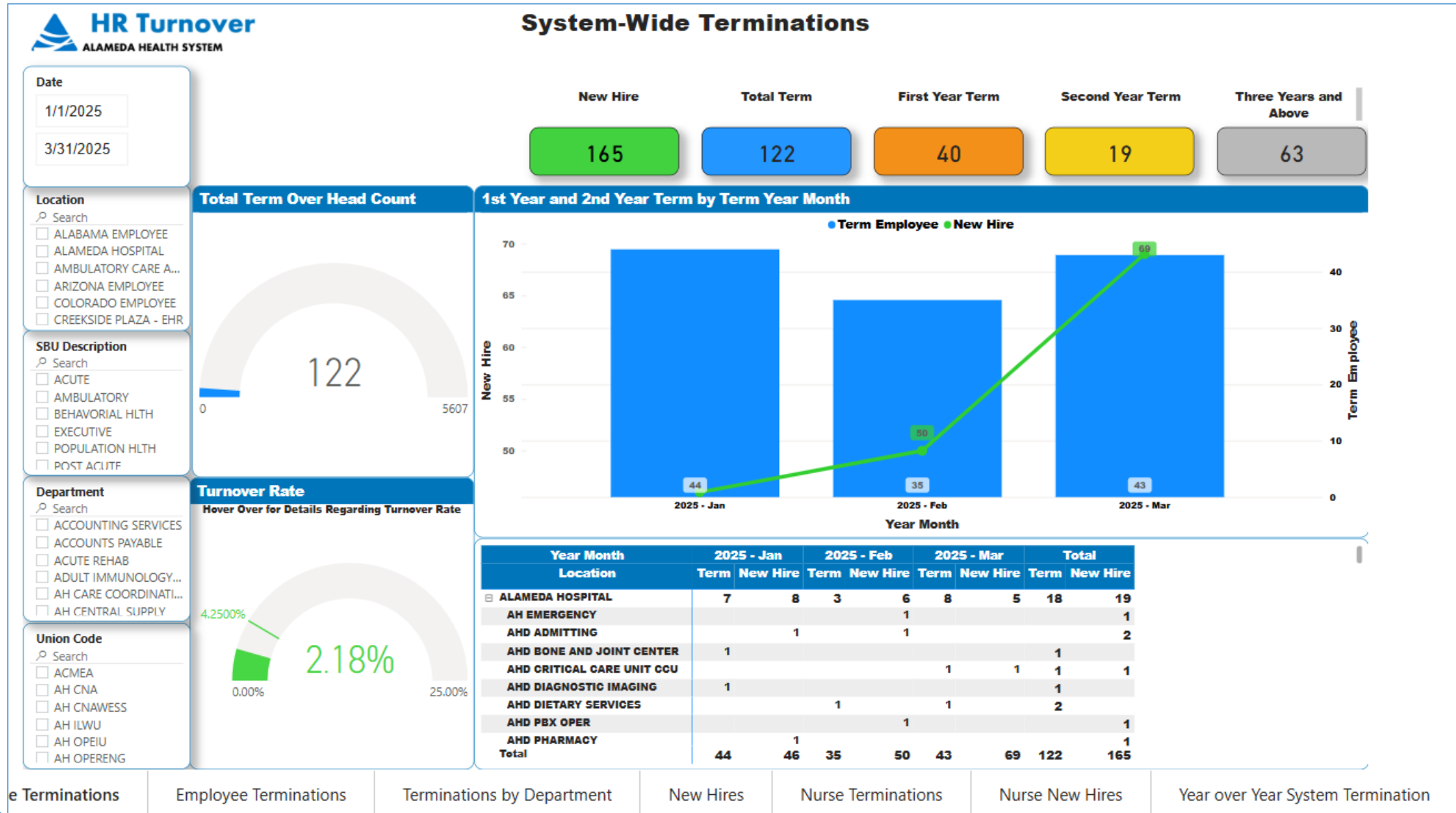
# HR Dashboards

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

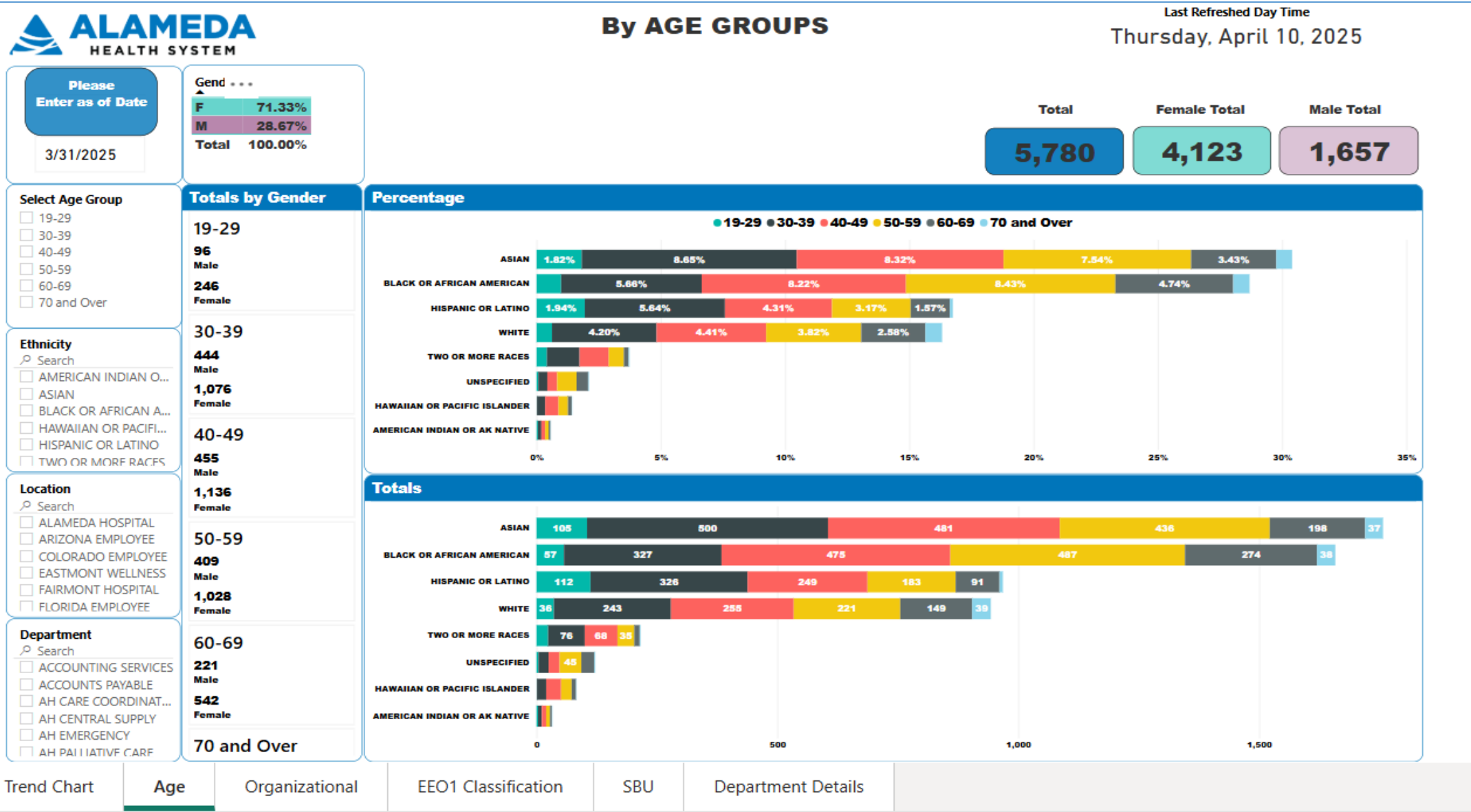


- Diversity Dashboard – avail to all
- Turnover Dashboard – limited to Manager and above
- Exit Interview Dashboard – limited to Manager and above

# HR Turnover Dashboard



# HR Diversity Dashboard





# HR Technology Updates

April 16, 2025

Karen Skillman, Director HRIS and HR Services

# Current HR Projects

- **HR Service Now**

- New System to replace HR Service Center ticketing system
- Moving to same platform used by AHS IS department
- Adding Payroll Department to HR Service Center (HR/Payroll Service Center)
- Going live 05/05/2025

- **Replace Learning Management System**

- New System to replace current Elsevier LMS system
- New system Cornerstone, with content from Health Stream
- Involves HR, Nursing Professional Development, Epic Training Teams
- Going live @ 05/15/25

- **Benefit Solver**

- Moving majority of benefits to Benefit Solver out of Lawson
- Provides employees with a new benefits platform to enroll and view benefits, including new hire and annual benefit enrollment processes.
- Benefit Solver to take over benefit interfaces to most outside vendors (currently done by AHS through Lawson interfaces)
- Going live 07/01/25

## Current HR Projects (cont.)

- **AHMG to AHS (official change effective 03/01/25)**
  - Moving 380+ employees from AHMG into AHS Company
  - Project includes:
    - Moving 2025 wages and deductions from Co 30 (AHMG) to Co 1 (AHS)
    - Building existing PTO plans, Retirement plans for AHMG into AHS Company
    - Reviewing and altering 60+ interfaces and process flows to include / exclude AHMG employees, as needed
    - Change AHMG payroll cycle to be in line with AHS process, combine payroll process into single payroll (currently run as separate payrolls)
    - Involves HRIS, HR Recruitment, Payroll and Finance departments
    - Planned completion Nov 2025

## Current HR Projects (cont.)

- **Empower – 457b Roth & Rothification (SECURE Act 2.0)**

- Under SECURE 2.0, plans with age-50 catch-up provisions must require certain participants to make catch-up contributions in the form of Roth contributions as of January 1, 2026, in compliance with IRS guidance. This rule applies to participants who made more than \$145,000 (as indexed) in FICA compensation with their current employer in the prior year. Plans that allow age-50 catch-up contributions must either have an active Roth source for receiving contributions or remove age-50 catch-up contributions before January 1, 2026.

- AHS creating 457b ROTH plan for June 2025

- AHS to assist in communicating changes to employee population



# AHS Total Rewards Update

April 16, 2025

Catherine Kozul - Director, Total Rewards  
Shamon Blue - Manager, Benefits

## Update

### Total Rewards – Guiding Principles



**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**

## Update -

- **Total Rewards Topics -**
  - **Retirement Programs Update**
  - **Health & Welfare Benefits Program Update**
  - **Compensation Update**



## Update - Retirement

- **Retirement Programs** – initiatives going live in 2025:
  - Launch of Federal Secure 2.0 enhancements – In Process
    - Enhance employee experience
    - Rothification of 457(b) – effective Jan 2026
      - to remain compliant with new federal rules
    - Addition of allowed hardship distribution options
  - Update system integration – In Process
    - Increase data integrity & compliance
    - Accommodate change of plan terms



## Update - Benefits

- **Health & Welfare Programs – Coverage Review**
  - **In Process**
    - **Launch of Benefits Administration Platform** – target launch: FY26Q1
      - enhanced employee experience via direct anytime access to benefits information
      - Estim annual savings of \$250K up to \$770K annually
    - **Ancillary – Voluntary Employee Benefits** – target launch: 9.2025
      - Review and enhancement to ancillary benefit programs –
      - Opportunity to enhance current programs
      - No cost impact to organization
    - **Pharmacy**
      - Expand AHS-HH Pharma offering to AHS Employees –
      - Aug 1 – launch for specialty meds (340B)



## Update - Benefits

- **Health & Welfare Programs - Enhancements**

- **Completed**

- **USI Broker/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
- **Anthem ASO \*** - Migrated to Anthem ASO from HealthComp TPA – live 1.2025
  - Expand offering of additional health resources and programs
  - Estim min. annual savings of \$250K plus
- **Anthem EAP \*** - Migrated to Anthem EAP from Claremont EAP – live 1.2025
  - CIR access options expanded
    - Ability to call in and register CIR
    - Ability to reach out to prior CIR contact
    - Increased CIR hours for the year – due to multiple instances YTD in 2025
  - Enhance employee experience via offering of additional mental/emotional health resources and programs and tools



## Update -

### Organization Impacts & Status

Item	Description	Admin Cost Savings	Organization Impact	Status
<b>Broker Consolidation</b>	Move from 2 primary brokers to one centralized brokerage	\$500k per year	No impact	<b>Complete</b>
<b>Medical insurance TPA transition</b>	Transition from TPA (Co. acquired) to ASO	\$250K per year	Transition impact **	<b>Completed</b> **
<b>EAP transition</b>	Move from Claremont to Anthem EAP	No change	Widened support services and tools available Some transition impact **	<b>Completed</b> **
<b>Ancillary Benefits Program enhancements</b>	Move to vendor direct option	No ER cost change	Addressed program administration issues; widen product selection	<b>On track</b>



## Update - Benefits

- **Health & Welfare Programs -  
Anthem ASO Transition - timeline of activity**
  - **FY24Q4 - FY25Q1**
    - notified that HealthComp TPA was acquired by VirginPulse (new entity branding 1/1/25 -Personify Health)
    - AHS conducted competitive review of other providers
    - AHS leadership signed off on move to Anthem ASO
  - **FY25Q2 -**
    - Transfer of coverage build undertaken between Anthem with USI and AHS
  - **FY25Q3**
    - Launch of Anthem ASO
    - Identification of issues due to program data transfer
    - Correction of coverage issues identified
    - Analysis of member impact
  - **FY25Q4**
    - Completion of claims reprocessing (April - May 2025)

### Update - Benefits

#### ▪ **Anthem ASO – Change Impacts & Mitigation Strategies**

##### ▪ **January 2025**

- **New ID Cards** - Anthem forwarded new ID cards to every Anthem member with effective date January 1,2025.
- (HealthComp insurance cards no longer effective as of 12.31.2024)
- Identified set-up issues (program transfer from HealthComp). Through plan audit undertaken by Anthem.

##### ▪ **February 2025**

- **Telehealth status corrected in system** – as of Feb 4 2025; all telehealth services corrected in Anthem system.
- **Labs & other services** – based on completion of further audit, need for system updating identified
- **Anthem sent letters** - to assure understanding to impacted plan participants via mail and confirm update process
- **AHS provides updates** – via all employee emails, meetings including - Leadership Chat; HR Forums, etc.
- **AHS Benefits team** – begins pro-actively contacting all impacted employees by phone and email

##### ▪ **March 2025**

- **All Telehealth Claims** - reprocessing completed and updated EOBs sent out
- **Labs & other services corrected in system** – system updating completed Mar 28
- **Phone Reach outs** – continued Anthem and AHS Benefits teams phoning each impacted member personally to address concerns **Dedicated Email** – Anthem creates a dedicated email address for any impacted members to use for reprocessing concerns
- **Anthem available to assist members** - regarding account status with provider(s) to place billing holds as needed.

##### ▪ **April 2025**

- **Lab and Other Claims Status** - Some employees see completion of Lab claims reprocessing as early as Monday, April 7.
- **EOBs for Labs and other claims to be sent out** - and received within 7 – 10 days of reprocessing
- **Phone Reach outs continue** - Anthem as well as AHS Benefits teams continue outreach to impacted employees

##### ▪ **May 2025**

- AHS Benefits is able to reconfirm that lab services, telehealth and all coverage updated and claims reprocessed.
- All services available be delivered per the **AHS Benefit Information Guide** and **Certificate of Coverage**.

## Update - Compensation

- **Compensation Management -**
  - Update of Compensation/Data tracking process
    - Consolidated submission via our HRSC intake ticketing system.
    - Allows for
      - Better tracking and monitoring of requests
      - Reduce turn around time of org analysis – avg completion now within 2-3 weeks (some as little as same day)
      - Reduce turn around time of above midpoint offers (vol: up to 2-3 per week; avg <24 hr. turnaround)
      - Increase visibility and access to review status
    - Addition of HR Internal Review process
      - To assure objective peer to peer review and governance of recommendation
  - Reengagement with external 3<sup>rd</sup> party surveys including:
    - AJ Gallagher
    - Sullivan Carter
    - HASC
    - Comp Analyst
  - Review and update Compensation policy and procedure
    - Assure federal and state Total Rewards Compliance – (IRC, DOL, 26 CFR Sec 53,4958-3; Cal NP Integrity Act)
    - Assure pay transparency, market competitiveness and internal equity
    - Enhance employee and manager experience



Update -

## Organization Impacts & Cost Savings

Functional Area	Cost Savings	Organization Impact	Status
<b>Health &amp; Welfare Benefit Administration</b>	Approx \$250K - \$1M per year savings	Enhanced Employee experience Increased program admin efficiency and effectiveness	<b>On track</b>
<b>Retirement Programs Administration</b>	Approx \$25K-\$50K per year savings	Enhanced Employee experience Increased program admin efficiency and effectiveness	<b>On track</b>
<b>Compensation Management Administration</b>	Approx \$500K per year savings	Enhanced Employee and Manager experience Increased program admin efficiency and effectiveness	<b>On track</b>
<b>Total</b>	Approx \$800K to \$1.550M per year savings	Enhanced Employee and Manager experience Increased program admin efficiency and effectiveness	<b>On track</b>





# Thank you