

Providing Leadership in Health Policy and Advocacy

CHA WORKFORCE COMMITTEE

Thursday, March 2, 2017 10:00 am - 2:30 pm

California Hospital Association 1215 K Street 8th Floor Board Room Sacramento, CA 95814

> <u>Dial-in Attendees</u>: 1-888-240-2560 Passcode: 9165527511#

AGENDA

ITEM	TIME	SUBJECT	REPORTING	PAGE
I.	10:00 - 10:05 am	Welcome and Introductions	Moses Aguirre	3
		A. Janice Buehler		
		 B. Welcome New Members: Laura Niznik Williams and Christiane Becker 		
II.	10:05 - 10:10 am	Minutes from Previous Meeting	Moses Aguirre	6
		A. Approval of CHA Workforce Committee call from December 8, 2016		
III.	10:10 - 10:45 am	Landscape Update		"
		A. All members report on emerging trends and issues	All	
		B. HLWI Update: MLT Study Final, Conf Call	Cathy Martin	
		C. AHA Report: The Imperative for Strategic Workforce Planning and Development		
		D. State and Local Workforce Development Board Updates	Anette Smith- Dohring	
			Moses Aguirre	
IV.	10:45 - 11:00 am	California Hospital Association Political	Cathy Martin	10
		Action Committee	Jill Thomsen	

V.	11:00 - 11:30 amHospital Association of Southern California		Teri	16
		A. Introduction of Christiane Becker, Workforce Development Program Manager	Hollingsworth	
		B. Coordinating with CHA Workforce Committee		
		C. Input on defining difficult to fill positions		
		D. 4 th Quarter Survey		
VI.	11:30 am - 12:15 pm	Bureau of Labor Statistics Follow Up	Amar Mann	18
		A. Amar Mann, Supervisory Economist and Branch Chief		
VII.	12:15 - 1:00 pm	Lunch	All	
VIII.	1:00 - 2:00 pm	Six Critical High-Touch Soft Skills Integration	Linda Zorn	19
		A. Linda Zorn with the California Community Colleges Chancellor's Office will present the soft skills curriculum that has been developed for health care		
IX.	2:00 - 2:15 pm	Workforce and Education Legislative Update	Cathy Martin	29
		A. Workforce and education bills introduced this session.		
		B. Budget update		
X.	2:15 - 2:30 pm	Other Business	All	33
		A. Duration of meetings: Proposal to extend in- person meetings to 3 pm.		
		 B. Next meeting via conference call on Thursday, April 27 		
		C. Joint meeting with HR Committee in September will take place at Cottage Health in Santa Barbara		
XI.	2:30	Adjourn	Moses Aguirre	



Providing Leadership in Health Policy and Advocacy

TO:	CHA Workforce Committee
FROM:	Cathy Martin, Vice President, Workforce Policy
SUBJECT:	Welcome and Introductions CHA Workforce Committee Roster

I. ACTION REQUESTED

Review contact information and titles contained in the roster on the following pages.

II. SUMMARY AND BACKGROUND

Attached please find the most recent CHA Workforce Committee Roster. Please review your contact information for accuracy. Forward all corrections to Michele Coughlin at mcoughlin@calhospital.org.

Please welcome new members:

LAURA NIZNIK WILLIAMS

Assistant Director, Government and Community Relations UC Davis Health

CHRISTIANE BECKER

Workforce Development Program Manager Hospital Association of Southern California



Providing Leadership in Health Policy and Advocacy

CHA Workforce Committee ROSTER

CHAIR

MOSES AGUIRRE

Workforce Development Program Manager Cottage Health P.O. Box 689 Santa Barbara, CA 93102 Office: 805-879-8928 mlaguirr@sbch.org

VICE CHAIR

OPEN

MEMBERS

WANDA COLE-FRIEMAN Vice President, Talent Acquisition Dignity Health 185 Berry Street, Suite 300 San Francisco, CA 94107 Office: 415-438-5635 Wanda.Cole-Frieman@DignityHealth.org

JENNIFER K. DIEHL

Director, Talent Acquisition Adventist Health 2100 Douglas Blvd. Roseville, CA 95661 Office: 916-746-5603 DiehlJ2@ah.org

NICOLE GREEN

Workforce Planning Consultant Kaiser Permanente 1800 Harrison Street, 15th Floor Oakland, CA 94612 Nicole.E.Green@kp.org

KRISTIE GRIFFIN

Director, Talent Acquisition Dignity Health 3400 Data Drive Rancho Cordova, CA 95670 Office: 916-851-2657 Kristie.Griffin@Dignityhealth.org

HEATHER KENWARD

Workforce Development John Muir Health 2540 East Street Concord, CA 94520 Office: 925-674-2348 heather.kenward@johnmuirhealth.com

STEPHANIE LAYHE, PT

Director of Rehab Services Community Hospital of the Monterey Peninsula 23625 Holman Highway Monterey, CA 93940 Office: (831) 625-4730 stephanie.layhe@chomp.org

MONICA MORRIS

Director, National Workforce Planning & Development Kaiser Permanente 1800 Harrison Street, 15th Floor Oakland, CA 94612 Office: 510-625-5886 monica.n.morris@kp.org

SCOTT MUMBERT

Manager, Recruitment Cottage Health System P.O. Box 689 Santa Barbara, CA 93102 Office: 805-879-8787 smumbert@sbch.org

ANDREA PERRY

Program Administrator, Organization Development and Learning Cedars-Sinai Health System 8700 Beverly Blvd., PACT 700 Los Angeles, CA 90048 Office: 310-423-5533 andrea.perry@cshs.org

ELMERISSA SHEETS

Director, Workforce Development and Recruiting Strategies Sharp HealthCare 8695 Spectrum Center Boulevard San Diego, CA 92123 Office: (858) 499-5267 <u>Elmerissa.Sheets@sharp.com</u>

ANETTE SMITH-DOHRING

Workforce Development Manager Sutter Health 2700 Gateway Oaks Drive, Suite 1100 Sacramento, CA 95833 Office: 916-887-7644 smitham@sutterhealth.org

GREGORY SMORZEWSKI

Human Resources Director Montage Health 23625 Holman Highway Monterey, CA 93940 Office: 831-622-2801 <u>Gregory.smorzewski@chomp.org</u>

LAURA NIZNIK WILLIAMS

Assistant Director, Government and Community Relations UC Davis Health 4800 2nd Ave., Suite 2100 Sacramento, CA 95817 Office: 916-734-5441 <u>ljniznik@ucdavis.edu</u>

DENNIS YEE, CHCR

Recruitment Consultant Children's Hospital Central California 9300 Valley Children's Place Madera, CA 93636 Office: 559-353-7058 <u>dyee@childrenscentralcal.org</u>

ELLEN ZAMAN

Associate Vice President, Government and Industry Relations Children's Hospital Los Angeles 4650 Sunset Boulevard Los Angeles, CA 90027 Office: 323-361-2591 ezaman@chla.usc.edu

REGIONAL ASSOCIATION REPRESENTATIVES:

T ABRAHAM

Vice President Human Resources Hospital Council 1215 K Street, 7th Floor Sacramento, CA 95814 Office: 916-552-7534 tabraham@hospitalcouncil.org

CHRISTIANE BECKER

Workforce Development Program Manager Hospital Association of Southern California 515 S. Figueroa Street, Suite 1300 Los Angeles, CA 90071 Office: 213-538-0722 cbecker@hasc.org

TERI HOLLINGSWORTH

Vice President, Human Resources Hospital Association of Southern California 515 S. Figueroa Street, Suite 1300 Los Angeles, CA 90071 Office: 213-538-0763 thollingsworth@hasc.org

REBECCA ROZEN

Regional Vice President Hospital Council, East Bay Section 3840 Buskirk Avenue, Suite 205 Pleasant Hill, CA 94523 Office: 925-746-1550 <u>rrozen@hospitalcouncil.org</u>

JUDITH YATES

Senior Vice President/COO Hospital Association of San Diego & Imperial Counties 5575 Ruffin Road, Suite 225 San Diego, CA 92123 Office: 858-614-1557 jyates@hasdic.org

CHA STAFF:

CATHY MARTIN Vice President, Workforce Policy California Hospital Association 1215 K Street, Suite 800 Sacramento, CA 95814 Office: 916-552-7511 camartin@calhospital.org

MICHELE COUGHLIN

Administrative Assistant California Hospital Association 1215 K Street, Suite 800 Sacramento, CA 95814 Office: 916-552-7672 <u>mcoughlin@calhospital.org</u>



Providing Leadership in Health Policy and Advocacy

March 2, 2017

TO:CHA Workforce CommitteeFROM:Cathy Martin, Vice President, Workforce PolicySUBJECT:Draft December 8, 2016 Meeting Minutes

I. ACTION REQUESTED

Review and approve minutes of the December 8, 2016 CHA Workforce Committee meeting.



CHA WORKFORCE COMMITTEE DRAFT MEETING MINUTES

December 8, 2016 10:00 a.m. - 11:30 a.m.

Via Conference Call 1-800-882-3610 PIN: 6506506#

Members Participating:	Glenda Adachi, Moses Aguirre, Corinne Boulanger, Shari De Anda, Jennifer Diehl,
	Kristie Griffin, Heather Kenward, Michelle Miranda, Scott Mumbert, Jennifer
	Rangel, Greg Smorzewski

CHA Staff Participating: Michele Coughlin, Cathy Martin

Regional Staff Participating: T Abraham, Terri Hollingsworth, Rebecca Rozen

I. Welcome and Introductions

Moses Aguirre welcomed members and the meeting began at 10:03 a.m. Attendance was taken, followed by individual introductions.

II. Minutes from Previous Meeting

Moses Aguirre directed attendees to the September 8, 2016 meeting minutes and requested attendees bring forth any changes. None were requested.

It was moved, seconded and the minutes from the September 8, 2016 meeting were unanimously approved.

III. Landscape Update

Shari De Anda opened the discussion by polling the group on their experiences with rising rates for traveling nurses. In response to this question, Scott Mumbert indicated that he had noted increases in these rates, particularly for Labor & Delivery and Operating Room traveling nurses. Teri Hollingsworth shared that she'd heard about the trending rise in traveling nurse rates and offered to discuss this issue with her nurse executive contacts as a way to gather ideas on how to address these increases. Shari De Anda mentioned that she was actively working on addressing this issue and indicated that she would contact Teri individually to share new developments on this topic.

Teri Hollingsworth to reach out to her nurse executive contacts to solicit ideas on addressing the rising rates of traveling nurses

Moses asked if any of the committee members would be able to share their system or facility policies on handling shadowing requests. Moses indicated that Cottage Health currently did not allow shadowing (with the exception of physician shadowing) due to concerns about liabilities. Heather Kenward described John Muir Health's shadowing program and agreed to share their policies with Moses. Heather detailed how the structure of their program requires applicants to undergo rigorous screenings, waive their rights to workers compensation and sign confidentiality agreements before they will be considered for the shadowing program. She explained that these steps limit the system's liability and also filters out individuals who may not be suitable for the program. Teri Hollingsworth suggested that Moses post this question to the Human Resources ListServ as a way to solicit programs/policies from other facilities beyond John Muir Health.

- Ø Heather Kenward to forward John Muir Health's shadowing program information to Moses Aguirre
- Ø Teri Hollingsworth to send Moses Aguirre instructions on posting to the HR ListServ

Jennifer Rangel mentioned that she was working on clinical/non-clinical mentoring program; she requested that this topic appear on the agenda at the March 2, 2017 Workforce Committee meeting.

 Cathy Martin to include the topic of Clinical/Non-clinical mentoring program when developing the March 2017 meeting agenda.

Michelle Miranda asked if there were any current laboratory task forces, as Sutter Health has a critical need for support in this area. Cathy informed Michelle that the Hospital Laboratory Workforce Initiative (HLWI) is still active and Cathy briefly detailed the issues and type of work being taken on by HLWI. Cathy let Michelle know that HLWI recently added another Sutter Health participant, Erica Padilla. Cathy reminded the group that she would be updating the Workforce Committee members on HLWI activities during the Workforce Committee meetings, and explained that she would cover this topic later in the meeting.

Greg Smorzewski shared that CHOMP was having the unusual experience of having a large percentage of their nurses requesting to work reduced hours and indicated that most of their nurses don't want to work full time. Others in the group aren't noticing this as a significant trend in their regions.

Cathy Martin provided an update on the MLT Scope of Practice report being led by Kristine Himmerick. She let the group know that the release of the report had been delayed until January 2017 to accommodate review of the data. Cathy let the group know that they would be seeking venues for sharing the information once the report is released.

Cathy Martin also updated the committee on AHA's Committee on Performance Improvement and revealed that this committee's report should be released by the end of January 2017. She gave a brief overview of the report's objectives, which includes assisting hospitals in understanding the importance of integrating and aligning workforce planning and development with a long-term business strategy. She explained how, across the nation, hospital workforce planning and business planning were being conducted separately and that the report will recommend unification of these two areas of planning.

IV. Hospital Association of Southern California Update

Teri Hollingsworth updated the committee on HASC's efforts to recruit for a newly created position: a Workforce Program Development Manager. Teri detailed how the new recruit would work to coordinate workforce efforts regionally, convene forums to identify supply/demand issues and would lead a regional committee on workforce development. Teri will share the job posting with the committee and asked the group to have interested candidates contact her directly.

Cathy Martin explained to the group that the HASC regional workforce committee is intended to be complimentary, not duplicative, of the statewide committee and that having a regional committee is very much aligned with state and federal frameworks for workforce planning and development that call for regional sector strategies.

- Teri Hollingsworth to forward job posting/description for the HASC Workforce Program Development Manager opening to Workforce Committee members.
- Cathy and Teri will convene to discuss how the statewide workforce committee and the HASC workforce committee will coordinate the flow of information between the two groups.

Teri briefly updated the committee on the RN Specialty Pipeline Project and explained how the project sought to address the shortage of specialty RNs by engaging a study to review issues and identify possible solutions.

V. 2017 Draft Work Plan Review

Cathy Martin led the group through a review of the proposed committee work plan for 2017. The primary work of the committee is intended to further the achievement of four over-arching goals:

- 1. Effective external advocacy to increase policy-maker and public awareness, knowledge and action on allied health and other workforce shortages.
- 2. Skills alignment and attainment to ensure that the health workforce education and training programs reflect the demands of the health care delivery system.
- 3. Internal advocacy to organizational leadership that makes the case for integrating workforce planning and development and strategic planning.
- 4. Data collection and analysis.

In 2017, a strong emphasis will be placed on educating new lawmakers in the Assembly and Senate about allied health workforce shortages. A renewed focus on developing apprenticeships in health will also be a priority, along with the dissemination and sharing of the MLT scope of practice research findings with the goal of legislation being introduced sometime in the future.

VI. Other Business

Committee members reviewed the 2017 Workforce Committee Meeting schedule. The committee will reconvene in Sacramento on March 2, 2017.

VII. Adjourn

Moses Aguirre adjourned the meeting at 11:09 a.m.



Providing Leadership in Health Policy and Advocacy

TO:CHA Workforce CommitteeFROM:Cathy Martin, Vice President, Workforce PolicySUBJECT:CHA Political Action Committee

I. ACTION REQUESTED

Introduction to the CHA Political Action Committee

II. SUMMARY AND BACKGROUND

CHPAC is the political advocacy arm for hospitals and is the foundation upon which CHA's member hospitals and health systems build relationships.

CHPAC provides a voice for hospitals and health systems which affect hospitals' ability to fulfill their missions. CHPAC also helps ensure that elected officials making important decisions understand the fundamental roles hospitals and health systems play in the future of health care.

- CHPAC exists to elect, educate and build rapport with legislators and officials who understand the important role hospitals play in our state.
- CHPAC provides campaign financing to officeholders and candidates who are concerned about and committed to better health care for all Californians.
- CHPAC determines which candidates to support based on qualifications, knowledge, sensitivity and responsiveness to health care issues.

This segment has been reserved on the agenda to allow members to better understand CHPAC and to ask questions of the executive director.

California Hospitals Provide Care and Employ Thousands.

Support the Hospitals that Support You.

Join CHPAC today!



Political Action Committee

QUALITY HEALTH CARE FOR CALIFORNIANS



What is CHPAC?

California Hospital Political Action Committee (CHPAC) is the political arm of the California Hospital Association. The purpose of CHPAC is to elect candidates who understand the vital role hospitals play in our state as a part of the health care system, and the positive impact hospitals have on the economy.

CHPAC receives contributions from individuals and corporate members and uses those funds to support officeholders and candidates for state and local offices.

The CHPAC Board of Directors governs the activities and funds of CHPAC. The board includes health care leaders from across the state as well as corporate partners.

Why give to CHPAC?

As it becomes increasingly difficult for companies to do business in California, it is imperative that we help to elect candidates who understand and support hospitals. It is vital for hospitals to provide quality care while also maintaining the financial stability necessary to employ a workforce of more than a half-million individuals. Additionally, California hospitals purchase vast amounts of goods and services, further fueling the economy by supporting both small and large businesses.



Individual Advocacy Levels

CHPAC Presidents' Club Platinum (\$5,000)

The prestigious Presidents' Club Platinum level signifies the highest level of commitment at the individual level.

- Includes all Presidents' Club Diamond level benefits.
- A special executive dinner and reception

CHPAC Presidents' Club Diamond (\$1,750)

- Free admission (with one guest) to all CHPAC events
- Invitations to legislative briefings and receptions featuring key lawmakers who are active in health care policy
- Recognition throughout the year at CHPAC events and in publications
- An elite-level CHPAC lapel pin

CHPAC Presidents' Club (\$1,500)

- Free admission (with one guest) to all CHPAC events
- Invitations to legislative briefings and receptions featuring key lawmakers who are active in health care policy
- Recognition throughout the year at CHPAC events and in publications
- A specially-designed CHPAC lapel pin

CHPAC Leadership Board (\$850)

- Invitations to legislative briefings and receptions featuring key lawmakers who are active in health care policy
- Recognition throughout the year at CHPAC events and in publications
- A specially-designed CHPAC lapel pin

CHPAC Golden State Club (\$500)

- Recognition throughout the year at CHPAC events and in publications
- A specially-designed CHPAC lapel pin

Corporate Sponsorship Levels

Membership in the CHPAC Corporate Presidents' Club is for corporations that have a vested interest in the vitality of hospitals and are committed to working with CHPAC to help elect policy makers who understand the important role hospitals play in their communities. Vendors and businesses that supply goods and services to the state's hospitals and health systems may demonstrate their support and commitment to their clients by joining the CHPAC Corporate Presidents' Club.

Corporate Presidents' Club (\$7,300)

- Free admission for three company representatives to CHPAC's Presidents' Club events. CHPAC holds a dozen events throughout the year, which are held at great venues, and provide excellent opportunities for our member companies to network with area hospital executives. Your company will receive recognition on the invitation and throughout the event.
- Recognition in publications throughout the year that reach an audience of over 400 heath care administrators and CEOs
- Members can request a personal meeting with hospital executives by submitting a form.
- Corporate profile on the CHA website, with a link to your company website

Platinum Corporate Presidents' Club (\$12,000)

- Includes all Corporate Presidents' Club level benefits
- Sponsorship and premier recognition at one Presidents' Club event



Chair

Past Chair Sherri Sager Chief Government/Community Relations Officer Lucile Packard Children's Hospital

Secretary/Treasurer Thomas Hiltachk Attorney at Law Bell, McAndrews & Hiltachk, LLP, Sacramento

C. Duane Dauner President/CEO California Hospital Association, Sacramento

Jill Thomson CHPAC Executive Director California Hospital Association, Sacramento

CHPAC Staff

Becky Norris CHPAC Coordinator California Hospital Association, Sacramento

Contact CHPAC

1215 K Street, Suite 800 Sacramento, CA 95814

Phone: (916) 552-7533 Fax: (916) 552-7692 Email: chpac@calhospital.org

www.calhospital.org/chpac



QUALITY HEALTH CARE FOR CALIFORNIANS

2017 Federal Contribution Form

Yes, I wish to support the federal activities and causes of the California Hospital Association Political Action Committee Federal (CHPAC-FED) by making a contribution of:

Amount

- □ Presidents' Club Platinum Level (\$5,000)
- □ Presidents' Club Diamond Level (\$1,750)
- □ Presidents' Club (\$1,500)
- □ Leadership Board Challenge (\$850)
- □ Golden State Club (\$500)
- □ Other (\$_____)

Recurrence

Pledges must be paid in full by December 31 □ One-time □ Monthly □ Quarterly □ Payroll (association staff)

Personal Information

Federal law requires this information accompany all contributions:

State:	Zip:	
E	mail	
		State: Zip: Email

Payment Information

- □ Check enclosed. Make payable to CHPAC-FED
- □ Billing address same as Personal Address
- □ I verify that this is a personal donation for which I will not be reimbursed by my employer or any other entity

Card Number:		Expiration Date:	
CVV Number:			
Billing Address:			
City:	State:	Zip:	

CHPAC Goal Credit

Name of hospital(s) or regional association to receive credit:

Please give recognition to my professional organization

□ ACNL □ CSHE □ HCE □ HHRMAC □ Volunteers

Federal PAC Guidelines for Contributing to CHPAC-FED

The purpose of CHPAC-FED is to support the election of candidates to the U.S. House of Representatives and U.S. Senate who recognize the vital role of hospitals.

Contributions or gifts to CHPAC are completely voluntary and not deductible as charitable contributions for federal or state income tax purposes.

Contribution levels are suggestions — you may contribute more or less. You have the right to refuse to contribute to CHPAC-FED without reprisal. The decision to participate will in no way affect your employment or job status.

CHPAC-FED may accept contributions from individuals up to \$5,000 per calendar year.

CHPAC-FED is prohibited by federal law from accepting contributions from corporations, labor unions, federally chartered corporations, federal government contractors, foreign nationals and persons who are not members of the solicitable class.

CHPAC-FED may solicit only individuals who are officers, directors, shareholders or management employees of member corporations and their families. As an officer, director, shareholder or management employee of a member corporation or a family member of such persons, please complete the required contributor information.

CHPAC-FED will not accept any contribution until it has confirmed that the contributor is a member of the CHPAC-FED solicitable class. Any contributions received from persons who are not members of the CHPAC-FED solicitable class will be transferred to the CHPAC state account.

Paid for by CHPAC Federal Political Action Committee 1215 K Street, Suite 800, Sacramento, CA 95814 Ph: (916) 552-7533 — F: (916) 552-7692 — Email: chpac@calhospital.org



Providing Leadership in Health Policy and Advocacy

TO: CHA Workforce Committee

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: Hospital Association of Southern California Update

I. ACTION REQUESTED

Discussion items.

II. SUMMARY AND BACKGROUND

Teri Hollingsworth, Vice President of Human Resources, Hospital Association of Southern California (HASC), will introduce Christiane Becker who has been hired by HASC as the Workforce Development Program Manager.

The group will also discuss definitions of hard-to-fill positions and the 4th Quarter Vacancy and Turnover survey.



Section VIII: Difficult to Fill Positions Please report the top 5 positions that are most difficult to fill, indicate the most common reason for the hiring difficulty and the most common soft skill(s) lacking in candidates.

	Position Title	Most Comm	on Reason(s)	for Hiring Diff	Difficulty. Please select all that apply. Other Common Reason for Hiring Difficulty (Please indicate for each position)		kill(s) Lacking in	ng in Candidat		
		Applicants Lack Relevant Work Experience	Applicants Lack Education Credentials	Applicants Lack Technical or Occupational Skills	Applicants Unwilling to Accept Offered Wages	Low Number of Applicants	Applicants Lack Soft Skills	Attendance Record/Dependability	Communication Skills	Critical & Analytic Thinking or Problen Solving
1		0		0	0	0		Ο	0	
2		0	\Box		0	0	\Box	\Box		
3		0		O	0	0			O	0
4			\Box		\Box	Ο	\Box			
5						Ο		Ο	0	

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dates. Please select all that apply.





Providing Leadership in Health Policy and Advocacy

TO: CHA Workforce Committee

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: Bureau of Labor and Statistics Update

I. ACTION REQUESTED

Discussion items.

II. SUMMARY AND BACKGROUND

Amar Mann, Supervisory Economist and Branch Chief, Bureau of Labor Statistics Office of Economic Analysis and Information will be visiting us with an update from the bureau on trends in health workforce.



Providing Leadership in Health Policy and Advocacy

TO:	CHA Workforce Committee
FROM:	Cathy Martin, Vice President, Workforce Policy
SUBJECT:	Six Critical High-Touch Soft Skills for Health Care

I. ACTION REQUESTED

Presentation and training.

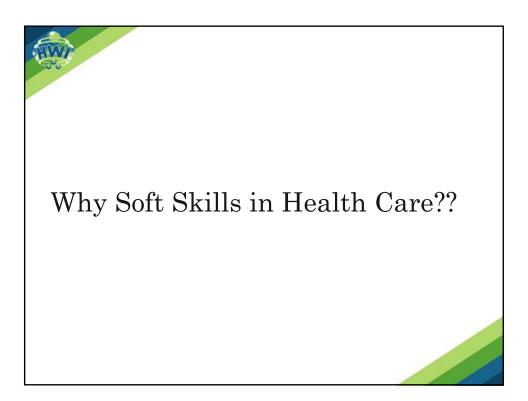
II. SUMMARY AND BACKGROUND

Linda Zorn of the Health Workforce Initiative will be sharing a recently developed curriculum that provides training to improve "soft" skills in the following domains:

- Communication Competency
- Workplace Ethics and Professionalism
- Team Building and Collaboration
- Effective Problem Solving
- Embracing Diversity
- Demonstrating Compassion

The entire curriculum can be accessed at https://ca-hwi.org/

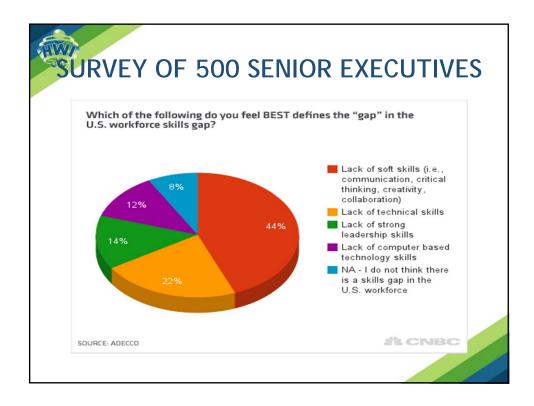




IMPORTANCE OF SOFT SKILLS

"Communication is "the skill that can possibly have the greatest impact on effective healthcare delivery. It really is the key to clinical governance and demands as much attention, respect and sustaining as other seemingly 'harder' targets. However, often the mere mention of the importance of communication causes less than positive reactions in healthcare professionals."

> (Jelphs, 2006, senior fellow at the Health Services Management Centre at the University of Birmingham)





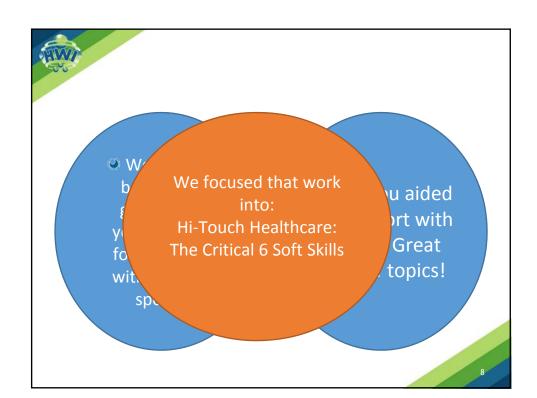


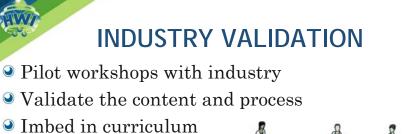
WHAT EVERYONE CAME UP WITH Universal Precautions

- Fire Safety
- Drug Testing
- Background Check; DOJ, FBI, Homeland Security, Office of Inspector General (outstanding loans)
- Team player
- Collaborative
- Interdisciplinary professional collaboration, working together, understanding role
- Networking social expand own network
- Written Communication Skill +
- No cell phone/social media +
- + Respect for everyone/all depts.
- + Punctuality
- + Adaptability
- + Pride in your work
- Time Management +
- Self Confidence Maximum Effort +
- + Be good listening/Active Listening
- + Positive attitude
- +
- Posture/Body Language; civility/rolling eyes + Overview of governing regulations: joint commission
- + Title 22. EEO.
- Lifelong Learning
- + Cultural Competency, Humility, Age

- Compassion for their job
- Critical Thinking Mind mapping/concept mapping; what all is needed: nursing social work, ancillaries etc +
- Motivational Interviewing when taking H&P ability to drill down what's missing
- Attendance
- Appearance professional; Hygiene
- Professional presentation; body art,
- piercings
- Communication
- Problem Solving
- Technology Literacy; healthcare server + program/computer literacy Sound Judgment +
- Leadership/Management
- Safety
- Stress Management

- Accept Constructive Criticism Self-Reflection Introspection Work Habits and etiquette; wearing jeans
- to interviews, flip-flops, Embedded Cultural Professionalism vs + Survival Skills to get through the programs
- Gap between education & facility Accountability with facility/human
- resources
- HIPPA

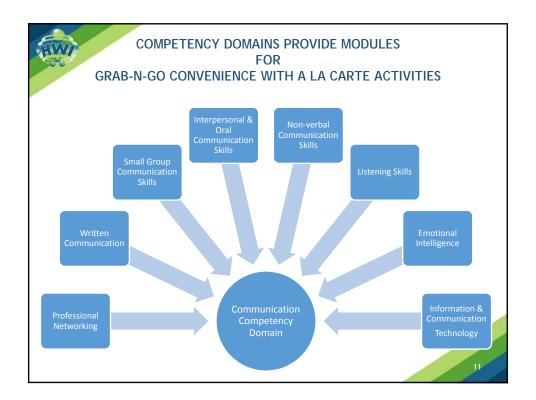




- Contextualized courses
- Oigital badges

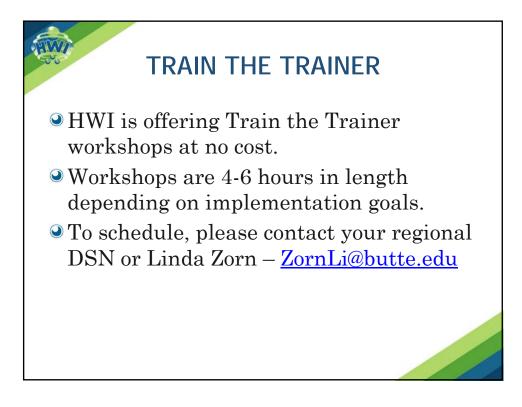
HI-TOUCH HEALTHCARE: THE CRITICAL SIX SOFT SKILLS

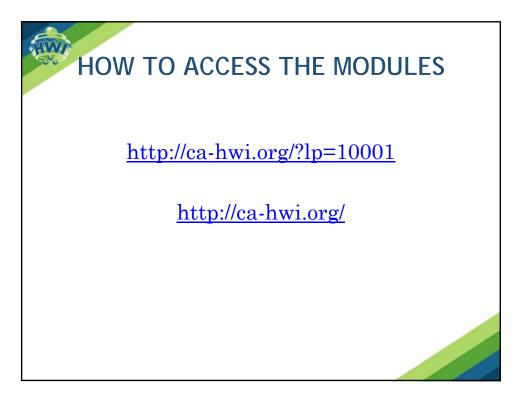
Communication	Workplace Ethics	Team Building	Effective	Embracing	Demonstrating
Competency	and	and	Problem	Diversity	Compassion
	Professionalism	Collaboration	Solving		
	The 3 A's -	Leadership	Effectively	Cultural	Mutual
Communication Skills	Attendance,	Management	Giving and	Professional-	Respect
• Oral Communication	Appearance and	Skills	Receiving	ism	E
Skills	Aesthetics	Followership	Feedback		Empathy
Small Group	Ethics in	Skills	Sound	Competency	Caring
Communication Skills	Healthcare	Passion for	Judgment	Competency	Behaviors
Justening Skills	Flowibility and	the Job and	Stress	Diversity in	
0	Flexibility and	Positive	Managemen	the	Motivational
 Non-verbal Communication Skills 	Adaptability	Attitude	t and Self	Workplace –	Interviewing
Communication Skins	lntegrity	Building	Care	Peers and	
Written	Accountability	Effective	© Conflict	Patients	Self-Reflection
Communication		Collaborative	Managemen	Toloranco	
Professional	© HIPAA	Teams		TOIETAILCE	
Networking	Social Media	Workplace		Mutual	
Information &	and Technology	Pride and Self		Respect	
Communication	Use	Confidence	Managemen		
Technologies	。Lifelong	Delegating vs.			
Emotional Intelligence	Learning	Dumping	Critical		

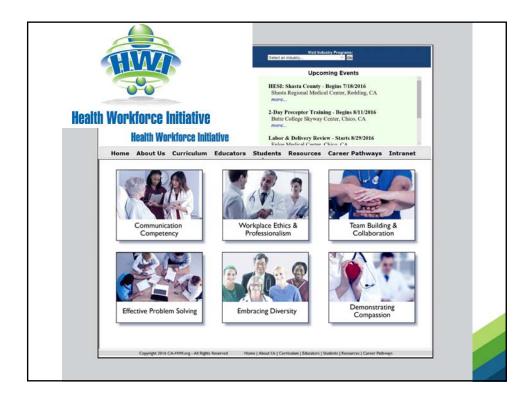


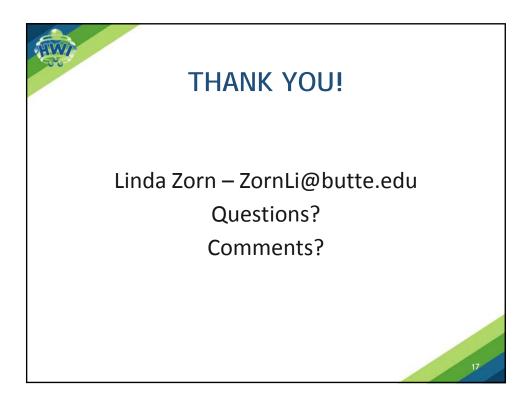
CURRICULUM DEVELOPMENT Review of the literature Review of available resources Level of the learner Specific to healthcare Three approaches Insted in allied health and nursing courses Themed pre-req courses – COMM 130 Interpersonal Communication













Providing Leadership in Health Policy and Advocacy

TO:CHA Workforce CommitteeFROM:Cathy Martin, Vice President, Workforce PolicySUBJECT:Legislative Update – Workforce and Education Bills

I. ACTION REQUESTED

None. Discussion Item.

II. SUMMARY AND BACKGROUND

A list of priority workforce and education bills being tracked by CHA can be found on the following pages

Legislative Update: Workforce Bills – 2017

AB 148 (Mathis)	This bill would change eligibility requirements relative to populations served in the Steven M. Thompson Physician Corps Loan Repayment Program. The program provides financial incentives, including repayment of educational loans, to a physician or surgeon who practices in a medically underserved area, as defined. Currently, eligible practice settings include community clinics, a clinic owned or operated by a public hospital and health system, or a clinic owned and operated by a hospital that maintains the primary contract with a county government to fulfill the county's role to serve its indigent population. These settings must be located in a medically underserved area and at least 50% of patients must be from medically underserved populations. This bill would lower the eligibility threshold for serving the above described populations to 30% for practice settings located in rural areas. CHA Position: Support (Peggy Wheeler is the lead as it is a rural bill)	1/10/2017: Introduced
AB 207 (Arambula)	This bill would authorize California State University, Fresno, to award the doctor of medicine degree. This bill would require the degree to be distinguished from doctor of medicine degree programs at the University of California. The bill would require that the doctor of medicine degree offered by California State University, Fresno, be focused on preparing degree candidates to close the health care gap. The bill would require that each student in the program authorized by the bill be charged fees no higher than the rate charged for students in state-supported doctor of medicine programs at the University of California. CHA Position: Follow, Hot	2/1/17: Introduced 2/22/17: Amended
AB 316 (Walderon and Salas)	This bill would require the Labor and Workforce Development Agency to create a grant program, known as the Employment Revitalization Initiative that would award grants to applicants for projects that assist eligible targeted populations and meet other requirements. The bill would require the Secretary of Labor and Workforce Development to administer the initiative and would authorize the secretary to designate additional state entities to administer portions of the program as provided. The bill would require the secretary to establish criteria for the selection of grant recipients, and require that applicants include certain provisions in applications. The bill would also require the secretary to evaluate how the grants address the needs of eligible targeted populations, and, by January 1, 2019, and annually thereafter, post a report on the agency's web site. CHA Position: Follow, Hot	02/06/17: Introduced
AB 387 (Thurmond)	This bill would expand the definition of "employer" for purposes of these provisions to include a person who directly or indirectly, or through an agent or any other person, employs or exercises control over the wages, hours, or working conditions of a person engaged in a period of supervised work experience to satisfy requirements for licensure, registration, or certification as an allied health professional, as defined. CHA Position: Oppose (Gail Blanchard-Saiger is lead)	02/09/17: Introduced
AB 422 (Arambula)	Existing law, until July 1, 2018, establishes the Doctor of Nursing Practice Degree Pilot Program, under which the California State University is authorized to establish a Doctor of Nursing Practice degree pilot program at 3 campuses to award Doctor of Nursing Practice degrees, subject to specified program and enrollment requirements. This bill would repeal those provisions and would authorize the California State University to establish Doctor of Nursing Practice degree programs that offer Doctor of Nursing Practice degrees, subject to specified program and enrollment requirements. CHA Position: Follow (BJ Bartleson is lead)	02/09/17: Introduced

Revised: February 27, 2017

AB 456 (Thurmond)	Existing law provides for the licensure and regulation of clinical social workers by the Board of Behavioral Sciences, which is within the Department of Consumer Affairs. Existing law requires an applicant for licensure to comply with specified educational and experience requirements and requires a person who wishes to be credited with experience toward licensure to register with the board as an associate clinical social worker prior to obtaining that experience. This bill would authorize postgraduate hours of experience to be credited toward licensure so long as the person applies for registration as an associate clinical social worker within 90 days of the granting of the qualifying master's degree or doctoral degree and is granted registration by the board. CHA Position: Follow	02/13/17: Introduced
AB 581 (McCarty)	Existing law provides for apprenticeship programs within the Division of Apprenticeship Standards, which is within the Department of Industrial Relations, sponsored by specific entities and employers, and requires the Chief of the Division of Apprenticeship Standards to perform various functions with respect to apprenticeship programs and the welfare of apprentices. This bill would state the intent of the Legislature to enact legislation that would amend the Labor Code relating to apprenticeship. (spot bill) CHA Position: Follow	02/14/17: Introduced
AB 658 (Walderon)	Existing federal law, the Clinical Laboratory Improvement Amendments of 1988 (CLIA), requires the federal Centers for Medicare and Medicaid Services to certify and regulate clinical laboratories that perform testing on humans. Existing law also provides for the licensure and regulation of clinical laboratories and various clinical laboratory personnel by the State Department of Public Health. Under existing law, the department inspects clinical laboratories and assesses a fee for licensure of those facilities. This bill would temporarily suspend the annual renewal fee for clinical laboratory licenses until January 1, 2020. CHA Position: Follow, Hot	02/14/17: Introduced
AB 669 (Berman)	Existing law establishes the California Community Colleges Economic and Workforce Development Program. Existing law provides for the awarding of grants for this program, and provides that this program shall only be implemented during fiscal years for which funds are appropriated for these purposes. Existing law repeals the program on January 1, 2018. This bill would extend the program through July 1, 2023, and make the repeal date for the program January 1, 2024, thereby extending the provisions governing the program until those dates. CHA Position: Follow	02/14/17: Introduced
AB 849 (Acosta)	Existing law declares the need to have a well-educated and highly skilled workforce in the state. Existing law also declares specified principles to guide the state's workforce investment system. This bill would declare the intent of the Legislature to subsequently amend this bill to include provisions that would convene a task force to review and establish common performance measures for the state's workforce education programs, as specified. (Spot Bill) CHA Position: Follow	02/16/17: Introduced
AB 1188 (Nazarian)	This bill would add Licensed Professional Clinical counselors to those licensed mental health service providers eligible for grants to reimburse educational loans. This bill would increase those existing additional fees under the Licensed Marriage and Family Therapist Act and the Clinical Social Worker Practice Act from \$10 to \$20, and would amend the Licensed Professional Clinical Counselor Act to require the Board of Behavioral Sciences to collect an additional \$20 fee at the time of renewal of a license for a professional clinical counselor for deposit in the Mental Health Practitioner Education Fund. CHA Position: Follow	02/17/17: Introduced

Revised: February 27, 2017



CHA Workforce Committee 2017 Meeting Dates

IN PERSON MEETING THURSDAY, MARCH 2, 2017 10 AM – 2:30 PM California Hospital Association Board Room 1215 K Street, Suite 800 Sacramento, CA 95814 1-888-240-2560 / PIN: 9165527511# To Join Online: http://connectpro16666225.adobeconnect.com/chawf030217/

VIA CONFERENCE CALL THURSDAY, APRIL 27, 2017 10:00 am – 11:30 am 1-800-882-3610 PIN: 6506506# To Join Online: <u>http://connectpro16666225.adobeconnect.com/chawf042717/</u>

IN PERSON MEETING THURSDAY, MAY 25, 2017 10 AM – 2:30 PM California Hospital Association Board Room 1215 K Street, Suite 800 Sacramento, CA 95814 1-800-882-3610 PIN: 6506506# To Join Online: http://connectpro16666225.adobeconnect.com/chawf052517/

IN PERSON MEETING THURSDAY, SEPTEMBER 7, 2017 10 AM – 2:30 PM Cottage Health 400 West Pueblo Street Santa Barbara, CA 93105 1-800-882-3610 PIN: 6506506# To Join Online: http://connectpro16666225.adobeconnect.com/chawf090717/

VIA CONFERENCE CALL THURSDAY, DECEMBER 7, 2017 10 am – 11:30 am 1-800-882-3610 PIN: 6506506# To Join Online: <u>http://connectpro16666225.adobeconnect.com/chawf120717/</u>