



JOINT CHA HUMAN RESOURCES/ WORKFORCE COMMITTEE MEETING

Thursday, September 7, 2017

10:00 am - 2:30 pm

Cottage Health - Burtness Auditorium

400 West Pueblo Street, Santa Barbara, CA 93105

Dial-in Attendees:

1-800-882-3610

Passcode: 6506506#

AGENDA

<u>ITEM</u>	<u>TIME</u>	<u>SUBJECT</u>	<u>REPORTING</u>	<u>PAGE</u>
I.	10:00 - 10:10 am	Welcome and Introductions	Moses Aguirre	4
		A. Welcome new members: Jennifer Rangel, Michele West, Andy Ortiz and John Zubiena	Patrice Ryan	
II.	10:10 - 10:15 am	Minutes from Previous Meeting	Moses Aguirre	10
		A. Approval of CHA Workforce Committee meeting minutes from May 25, 2017 in person meeting		
		B. Approval of HR Committee meeting minutes from July 25, 2017 conference call	Patrice Ryan	
III.	10:20 - 11:00 am	Landscape Update		
		A. All members report on emerging trends and issues	All Members	
		B. CHA CEO Update		
		C. California's Future Health Workforce Commission	CHA Staff	
		D. New Senate Subcommittee on Professions and Licensure		
		E. Leading the Way Workforce Committee Update		
IV.	11:00 - 11:30 am	Legislative Update		20
		A. Labor and Employment Legislative, Regulatory and Case Law Update	Gail Blanchard-Saiger	
		B. Workforce and Education Legislative Update	Cathy Martin	
V.	11:30 am - 12:00 pm	Making the Case for Strategic Workforce Planning & Development	Kristie Griffin	26
		A. One system's journey		

VI.	12:00 - 12:30 pm	Lunch	All	
VII.	12:30 - 1:00 pm	Leaves of Absence	Gail Blanchard-Saiger	27
		A. Exploring new approaches given legal and operational realities	Diana Lovan Teri Hollingsworth	
VIII.	1:00 - 1:45 pm	Visión y Compromiso	Gerry Balcazara	32
		A. Presentation from Visión y Compromiso regarding successful hospital/community health worker partnerships	Miriam Hernandez	
IX.	1:45 - 2:15 pm	The Millennial Workforce	Cathy Martin	33
		A. Sharing of practices for recruiting and retaining the millennial health workforce and beyond	All	
X.	2:15 - 2:25 pm	Other Business	Gail Blanchard-Saiger	36
		A. CHA Political Action Committee	Cathy Martin	
		B. Next CHA Workforce Committee call scheduled for December 7, 2017		
		C. Next HR Committee meeting is scheduled for November 9, 2017 at Shriner's in Sacramento		
XI.	2:25 - 2:30 pm	Closing Comments	All	
XII.	2:30 pm	Adjournment	Moses Aguirre Patrice Ryan	

ANTITRUST POLICY STATEMENT

This meeting will bring together representatives of organizations that are competitors to explore issues that might provide general benefit to the industry. Although the subject matter of these discussions is not intended to restrain competition in any manner, it is important for everyone to recognize that this meeting conceivably could be characterized as an opportunity for inappropriate information exchanges or agreements that result in anticompetitive or otherwise unlawful conduct in violation of the antitrust laws.

It is the intent of all participants that this meeting and their participation in it will comply fully with all legal obligations. In particular, any discussions or agreements that could raise antitrust concerns are entirely beyond the bounds of this meeting and the advice of legal counsel will be sought if there is any question in this regard. Similarly, any questions about the appropriateness of a discussion topic or a particular piece of information to be shared should be raised with the legal counsel before they are shared with the group. Discussing the following categories of information should be avoided:

1. Profits, premiums, prices, surcharges, or discounts;
2. Current or forward-looking wage and other compensation information, including actual figures as well as strategies;
3. Rate of hiring and number of personnel to be hired;
4. Any refusal to deal with an employee or class of employees;
5. Allocation of geographic or product markets;
6. Any other topic involving any possible anticompetitive practice.

Another key issue to keep in mind is that even though employees, through their unions, may legally coordinate with one another through the collective bargaining process, hospitals must act independently and unilaterally in negotiating with unions (absent a valid multi-employer bargaining arrangement).

Discussion of the meaning and interpretation of legislative and regulatory developments is permissible. However, if the discussion moves towards an exchange among hospitals about how those developments are affecting the levels of compensation each will offer, the rate of hiring, or other competitively sensitive subjects, then those topics could expose roundtable participants to potential risk.

These discussions and any actions resulting from them are not intended to play any role in the individual competitive business decisions of the participating companies, nor in any way restrict competition among them or with respect to the industries they serve. It is the responsibility of every participant to be guided by this policy of strict compliance with the antitrust laws and to raise any concerns with possible violations of this policy promptly.



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*Providing Leadership in
Health Policy and Advocacy*

September 7, 2017

TO: CHA Workforce Committee
CHA Human Resources Committee

FROM: Cathy Martin, Vice President, Workforce Policy
Gail Blanchard-Saiger, Vice President & Counsel, Labor & Employment

SUBJECT: Welcome and Introductions

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 and HR Committee rosters. Please review your contact information for accuracy. Forward all corrections to Michele Coughlin at mcoughlin@calhospital.org.

Please welcome new and returning members:

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**CALIFORNIA
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September 7, 2017

TO: CHA Workforce Committee
CHA Human Resources Committee

FROM: Cathy Martin, Vice President, Workforce Policy
Gail Blanchard-Saiger, Vice President & Counsel, Labor & Employment

SUBJECT: Approve Meeting Minutes

I. ACTION REQUESTED

Review and approve minutes of the May 25, 2017 CHA Workforce Committee meeting in Sacramento, the May 30, 2017 CHA Human Resources Committee meeting in Emeryville and the July 25, 2017 CHA Human Resources Committee conference call.

CHA WORKFORCE COMMITTEE DRAFT MEETING MINUTES

**Thursday, May 25, 2017
10:00 am - 2:00 pm**

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

Members Participating: Glenda Adachi, Moses Aguirre, Kim Bakken, Gerrie Gilbert, Nicole Green, Heather Kenward, Michelle Miranda, Monica Morris, Elmerissa Sheets, Tanya Robinson Taylor, Laura Niznik Williams

CHA Staff Participating: Cathy Martin, Michele Coughlin

Regional Staff Participating: Christiane Becker, Pamela Eck, Terri Hollingsworth, Rebecca Rozen, Judith Yates

Guests Participating: Matt Roberts, Linda Zorn

I. Welcome and Introductions

Moses Aguirre welcomed members and the meeting began at 10:04 a.m. Attendance was taken, followed by individual introductions.

II. Minutes from Previous Meeting

Moses Aguirre directed attendees to the April 27, 2017 meeting minutes and requested attendees bring forth any changes.

- Laura Niznik Williams requested a correction to the spelling of the word “neutral” under section IV, paragraph 2 of the minutes. The correction was noted and the document will be corrected by Michele Coughlin before it is finalized.
- It was moved and seconded, and the minutes from the April 27, 2017 meeting were approved.

III. Landscape Update

Moses Aguirre opened the Landscape Update with a reminder to participants that this portion of the meeting is used to share emerging issues, discuss challenges and share solutions that are occurring within facilities and systems.

Kim Bakken informed the group of a private, for-profit school that has opened a campus in the Sacramento region. The school is offering Allied Health programs in several disciplines including PTA and Imaging. Sutter Health may have a partnership with the school and Cathy Martin suggested that inquiries or questions about a Sutter partnership should be directed to Anette Smith-Dohring.

- Cathy Martin agreed to follow up on the progress of this school.

Judith Yates informed the group of her participation in a San Diego Workforce Partnership/UCSD focus group that seeks to update strategic workforce planning in the region. Judith was seeking feedback from the workforce committee to take back to the group relative to health workforce. After some discussion, the group agreed that Judith should at least bring up the issue of the need to address the behavioral health workforce shortages.

Moses Aguirre brought to the group the issue of federal student loan forgiveness for public service occupations. Moses wanted to find out if nurses working in a non-profit hospital would be eligible for this loan forgiveness if they meet all other requirements, such as five years of employment in this occupation at a 501c3 institution.

- Cathy Martin has a source for information on this topic and will follow up.

Elmerissa Sheets inquired about in-house loan repayment programs and if other hospitals offer these. Moses responded that Cottage does have a program in-house for loan repayment. Kaiser does as well for nursing.

Cathy Martin then updated the committee on the work of the HLWI stating that the group is very focused on AB 387 because of the impact it could have on laboratory personnel training. HLWI has been very vocal about their opposition to the bill.

IV. 2017 Workforce Committee Work Plan Review

Cathy Martin called attention to the committee's current defined priorities and requested that the group review these objectives for purpose of redefining goals, where appropriate, by considering the current workforce planning landscape and activities. Cathy Martin then led a group discussion on the progress and challenges currently facing hospitals.

The committee agreed to the following work plan changes and augmentations:

- Given the establishment of the Leading the Way Initiative to address the behavioral health crisis in California and the creation of the LTW behavioral health workforce committee, behavioral health will be called out in the 2018 work plan more deliberately.
- 4th quarter supplemental vacancy and turnover survey will incorporate behavioral health occupations in Q4 2017.
- As a parking lot item for further discussion is a potential report to the CHA board of the AHA Imperative for Strategic Alignment of Workforce and Operations.

V. HASC Workforce Update

Christiane Becker from HASC provided an update on the results of the discussions that have taken place as part of the workforce advisory meetings in the HASC region. She detailed HASC's work with member hospitals, the California State University and HealthImpact to create nurse specialty training curriculum in seven areas.

- Christiane and Cathy will follow up with Pat Blaisdell, VP, Post-Acute Care, regarding the development of case management curriculum.

VI. Strong Workforce Program Update

Cathy Martin reminded the committee that the adoption of recommendations contained in the Board of Governor's Strong Workforce Taskforce Report resulted in an allocation of \$200 million per year for the Strong Workforce Program beginning in 2016. Cathy Martin then introduced Matt Roberts from the California Community College Chancellor's Office and invited him to update the group on the outcomes and products of that funding.

The committee welcomed Mr. Roberts and introductions were made. Mr. Roberts then explained the structure of the program and gave a detailed update on the implementation of the Strong Workforce Program, explaining how it operates under the Doing What Matters for Jobs and the Economy framework within the Chancellor's Office Workforce and Economic Development Division. He then provided a tour and demonstrated the online tools and resources available at <http://doingwhatmatters.cccco.edu/StrongWorkforce.aspx>.

VII. Workforce and Education Legislative Update

Cathy Martin shared information relating to the following priority workforce and education bills being tracked by CHA:

- AB 148 (Mathis): CHA supports this bill.
- AB 207 (Arambula): CHA is following this bill and has not taken a position.
- AB 316 (Walderon and Salas): CHA is following this bill and has not taken a position.
- AB 387 (Thurmond): CHA opposes this bill.
- AB 422 (Arambula): CHA is following this bill and has not taken a position.
- AB 658 (Walderon): CHA is following this bill and has not taken a position.
- AB 669 (Berman): CHA is following this bill and has not taken a position.

VIII. Planning for Joint Workforce/HR Committee Meeting in September 2017

Cathy Martin reminded the group that the next Workforce Committee meeting, scheduled for September 7 will be a joint meeting of CHA's Human Resources Committee and CHA's Workforce Committee. The meeting is scheduled to take place at Cottage Health in Santa Barbara.

The purpose of the joint meeting is to facilitate discussion and coordination on shared topics of interest for both committees. Proposed topics may include:

- The committee expressed interest in the following topics for discussion on September 7:
 - Behavioral Health: A presentation from the LTW workforce committee
 - Strategic Alignment with Business and Workforce (Kristie Griffin to present)
 - Millennial retention
 - Labor and employment bills and regulations

IX. Adjourn

Moses Aguirre reminded members of the importance of joining the CHA PAC and encouraged all to pledge so that we reach 100% participation. The meeting adjourned the meeting at 2:02 p.m.



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**CALIFORNIA HOSPITAL ASSOCIATION
HUMAN RESOURCES COMMITTEE
MEETING MINUTES**

*May 30, 2017
9:30 a.m. - 2:00 p.m.*

Sutter Health
Board Room
2000 Powell Street, 10th Floor
Emeryville, CA 94608

Members Present: Paul Celuch, Michele Dewyea, Lisa Foust, Ky Lewis, Samuel Romano, Debbie Rubens, Colleen Scanlon, Todd Trotter, Rachelle Wenger

CHA Staff: Gail Blanchard-Saiger

Regional Association Staff: Teri Hollingsworth, Rebecca Rozen

I. Call to Order/Introductions/Approval of Minutes

Todd Trotter called the meeting to order at 9:30 a.m. Introductions were made.

II. Report out From February Meeting

- a. PAC Update: Only a handful of committee members have contributed to the CH-PAC. CH- PAC is the political advocacy arm for hospitals. Ms. Blanchard-Saiger encouraged the Human Resources Committee members to contribute to the PAC as it is critical to CHA's ability to elect, educate and build rapport with legislators and candidates who partner with hospitals on issues of importance. CHA's goal is to have 100% PAC participation by CHA committee members. Committee members are encouraged to contribute in any amount.
- b. Leave of Absence Workgroup: Given the level of interest in this topic, the Committee decided to include this topic in the July 25 HR Committee agenda. Ms. Blanchard-Saiger will distribute discussion questions in advance of that Committee conference call.
- c. HR Analytics: Ms. Hollingsworth report that she had undertaken some research on this topic, and is looking for a cost-effective tool, but is not in a position to report out. A brief discussion followed and Ms. Hollingsworth indicated she would interview members about their needs.
- d. LGBTQ Resources: Ms. Blanchard-Saiger distributed resources after the last meeting. In addition, Ms. Foust added that the training provided by John Muir Health is offered by the Healthcare Equality Index: <http://www.hrc.org/hej>. The Committee also discussed the possibility of a webinar after the Transgender Identity & Expression Regulations are finalized.
- e. Local roundtables paired with Labor & Employment Law Seminars: Ms. Blanchard-Saiger indicated she would raise this concept with the various regional associations once the dates and agenda for the CHA Seminar was set. Committee members supported continuing with the current seminar format but requested that the morning focus on few cases with more in-depth analysis of those presented.

III. Member Roundtable Discussion

During the member roundtable, the following issues were discussed:

- a. Leave of absence/attendance management are under review and analytics are helpful in policy decisions.
- b. Nurse organizing campaigns continue and include medical foundations and clinics.
- c. Several organizations are paring down the Just Culture training and processes after working with the tools for several years.
- d. Future of health care reform continues to weigh in various hospital strategic decision-making
- e. Several health systems are involved with merger and acquisition activity.
- f. Rebecca Rozen reported on a meeting she attended on the subject of hiring the formerly incarcerated. Link to the webinar:

IV. Labor Update

Gail Blanchard-Saiger updated the group on the current status of pending legal actions involving UHW. Ms. Blanchard-Saiger also provided an update on the CHA/UHW joint labor management committee (Caring for Californians). That entity is still in existence although it is not engaged in any activity. As discussed below, UHW has sponsored several adverse bills this legislation session. While UHW has not sponsored a bill on executive compensation, there is concern that UHW will attempt to place an executive compensation initiative on the ballot for 2018. In addition, UHW distributed a resolution adverse to hospitals to local democratic committees in advance of the statewide Democratic Convention (see attached). The subject of that resolution was similar to SB 538, a bill sponsored by the California Labor Federation that relates to hospital/health plan contracts.

V. Education

Gail Blanchard-Saiger provided a draft agenda for the 2017 CHA Labor & Employment Law Seminar. Committee members requested a session on conducting and documenting investigations instead of a wage/hour or leave of absence session. Committee members suggested moving the leave of absence topic to the Spring Employee Safety and Workers Compensation program. Two suggestions were offered to increase attendance: 1) offer an early bird discount; and 2) offer a group discount. Staff will provide these suggestions to the CHA Education Department. Staff reviewed the CHA Human Resources webpage and committee members indicated it provided sufficient member information/support.

VI. Legislative, Regulatory and Litigation Update

Gail Blanchard-Saiger provided information on various bills, which are included in the meeting materials, and solicited feedback from committee members on advocacy strategy. Ms. Blanchard-Saiger also provided a regulatory and litigation update. Further detail is provided in the meeting materials.

VII. Workplace Violence Prevention Regulations

Gail Blanchard-Saiger provided an update on recent activity to-date. She reminded the group that the Cal/OSHA Healthcare Workplace Violence Prevention regulations went into effect on April 1, 2017, that the reporting requirement goes into effect on July 1, 2017, and that hospitals have until April 1, 2018 to comply with most provisions (exceptions are recording, reporting and recordkeeping).

She informed the group that CHA and the Healthcare Workplace Violence Prevention Workgroup were actively participating in the regulatory process. Member support activities being provided by CHA include:

- Creating and maintaining a dedicated CHA Healthcare Workplace Violence Prevention webpage
- Providing prompt and regular updates in CHA News
- Creating a guidebook
- Devoting a significant portion of the agenda at the CHA Employee Safety and Workers' Comp seminar to provide an update, particularly on the reporting obligation, as well as information from a hospital safety executive as to her compliance efforts
- Holding regional roundtables, including roundtables for specific hospital constituencies such as behavioral health

Committee members shared the current status of their efforts to comply with the regulations. Committee members voiced their support for CHA activities and indicated they did not have any further request for support from CHA at this time.

VIII. Health Care Reform

Human Resources Committee members requested an update on the status of health care reform efforts at the state and federal level. Anne O'Rourke, CHA's Senior Vice-President, Federal Relations, joined the meeting by conference call to provide this report. She reported on current activities and advised members that the situation was dynamic. CHA created a dedicated webpage for this topic where members can get up to date information, as well as CHA news articles: www.calhospital.org/aca-repealreplace

IX. Adjournment

Todd Trotter adjourned the meeting at 2:00 pm.

Leveling the Playing Field for all California Hospitals and Health Care Consumers by
Rejecting Anti Competition Practices of Sutter Health

WHEREAS California has seen a surge in provider consolidation under Sutter Health, who has acquired competitors, outpatient facilities, and physician practices under the promise of lower cost and efficiency, but instead consumers have experienced prices at Sutter Health increasing percent faster than at other hospitals because of their market power, costing on average \$4,000 more per admission to seek the same services than at all other California hospitals

WHEREAS Sutter Health has used their market power to become even more dominant and prevent consumers from challenging their impacts through "All or nothing" clauses requiring payers to take all hospitals in a system or none, frequently by requiring payers to pay significantly more than the law provides to those hospitals that are excluded—making it impossible to provide an adequate network for consumers without agreeing to Sutter Health's excessive rates where lower cost competitors may exist

WHEREAS by tying hospitals together, dominant providers like Sutter Health are able to achieve market power over prices beyond any local market advantages, and then use "gag clauses" to prevent employer groups from sharing pricing data that could encourage more cost-effective care for their employees

THEREFORE BE IT RESOLVED the California Democratic Party supports reforms on behalf of consumers and health care providers to remedy the unfair exercise of Sutter Health market power which has resulted in reduced competition, increased prices, and less affordable access to coverage and premiums for health insurance are about 25% higher in Northern California, on average, than in the southern part of the state

AND FURTHER BE IT RESOLVED that the California Democratic Party supports reforms that would prohibit any contract between a hospital and a health care service plan from engaging in anti-competitive practices by setting payment rates or other terms for affiliates of the hospitals not included in the agreement; requiring the health plan to contract with all affiliates of the hospital, forcing employers to attest that they are bound by the terms of the contract between the hospital and the health plan, mandating that a health care service plan submit to binding arbitration for antitrust claims as a condition of contracting, or requiring that the health plan provide coverage to its enrollees at the same level of copayment, coinsurance or deductible at affiliated hospitals.

Sponsored by California Labor Federation; Northern California Carpenters Regional Council; United Food and Commercial Workers; Controller Hilary Crosby; CDP Region 2 Director Craig Cheslog; CDP Region 3; CDP Region 5; CDP Region 6 Director Hene Kelly; Alameda County Democratic Central Committee; Yolo County Democratic Party; San Joaquin County Democratic Central Committee Chair Max Vargas; Solano County DCC Chair Brigitte Hunley; Stanislaus County Democratic Central Committee, Chair Dr. Harinder Grewal; four waters, Assembly District 7; Ar Molander, Assembly District 7; Brian Leubitz, Assembly District 17; Brian Webster, Assembly District 17; Maureen Dugan, AD 19; Wendy Bloom, AD15; Benjamin Becker, AD17; Katrina Bergstrom, AD43; Elizabeth Castillo, AD 63; Rochelle Pardue-Okimoto, AD15; Susana Williams, 11; Catherine Willott, AD44; Linda Bassett, AD64; San Diego County DCC



**CALIFORNIA
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**CALIFORNIA HOSPITAL ASSOCIATION
HUMAN RESOURCES COMMITTEE
MEETING MINUTES**

*July 25, 2017
1:00 p.m. - 2:30 p.m.*

Via conference call

Members Present: Norma Braun, Michele Childs, Carol Linscheid, Lisa Foust, Paul Herrera, Ky Lewis, Ken McCollum, Tara O'Shea, Mark Puleo, Samuel Romano, Debbie Rubens, Patrice Ryan, Judy Saito, Pam Stahl, Rachelle Wenger, Robert Wozniak,

CHA Staff: Gail Blanchard-Saiger

Regional Association Staff: Teri Hollingsworth, Judith Yates

I. CALL TO ORDER/INTRODUCTIONS

Ms. Blanchard-Saiger called the meeting to order at 1:00 p.m. Introductions were made

II. LEGISLATIVE, REGULATORY AND LITIGATION UPDATE

Gail Blanchard-Saiger provided information on various bills, which are included in the meeting materials, and solicited feedback from committee members on advocacy strategy. Ms. Blanchard-Saiger also provided a regulatory and litigation update. Further detail is provided in the meeting materials.

III. LOOKING AT ABSENCES AND LEAVES WITH A FRESH PERSPECTIVE

In follow-up to discussions on absence management during the last few Human Resources Committee meetings, the Committee began brainstorming on the issues and potential action plans to assist California hospitals with this challenging issue.

During the initial call on this topic, the following points were discussed:

1. What messaging resonates with the C-Suite to look at absence management, staffing and productivity in a different way
2. What data is currently available to support new solutions
3. What data is need to support new solutions
4. Are there appropriate staffing benchmarks
5. How to prioritize resources
6. What are the 2-3 key steps to improve productivity and decrease risk
7. What training for employees/management/physicians is needed/effective

In addition, Teri Hollingsworth presented the current leave of absence section in the HR Metrics Survey that will be released in the fall. Committee members recommended various changes to expand the metrics currently available.

The Committee will continue the discussion, including potential action plans, at the September 7 joint meeting with the CHA Workforce Committee.

IV. ADJOURNMENT

Ms. Blanchard-Saiger adjourned the meeting at 2:30 p.m.



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September 7, 2017

TO: CHA Workforce Committee
CHA Human Resources Committee

FROM: Cathy Martin, Vice President, Workforce Policy
Gail Blanchard-Saiger, Vice President & Counsel, Labor & Employment

SUBJECT: Legislative Update

I. ACTION REQUESTED

Provide feedback on legislative and regulatory advocacy positions.

II. SUMMARY AND BACKGROUND

The attachment provides a summary of major 2017 workforce, education and labor and employment legislation as well as pending regulatory activity and litigation where CHA has filed amicus briefs. (The labor and employment section will be distributed at the meeting). In addition, CHA's letter of support for SB 799 (Hill) is attached given the significant input previously provided by the Human Resources Committee.

Legislative Update: Workforce Bills – 2017

<p>AB 148 (Mathis)</p>	<p>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 for participants who enroll after January 1, 2018. CHA Position: Support (Peggy Wheeler is the lead as it is a rural bill)</p>	<p>1/10/2017: Introduced</p> <p>04/05/17: Passed Assm appropriations on consent. TO THE SENATE,</p> <p>08/21/17 To Suspense file in Senate</p>
<p>AB 207 (Arambula)</p>	<p>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</p>	<p>2/1/17: Introduced</p> <p>3/08/17: Amended, hearing canceled</p>
<p>AB 316 (Walderon and Salas)</p>	<p>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</p>	<p>02/06/17: Introduced</p> <p>04/05/16: Amended to be specific to CNAs, re-referred to Assm Labor</p> <p>05/17/17: Sent to Suspense File in Approps; Held by author</p>

Revised: September 1, 2017

AB 387 (Thurmond)	<p>This bill would expand the definition of “employer” 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 and require that students gaining clinical hours in an allied health profession be paid a minimum wage for those hours.</p> <p>CHA Position: Oppose</p>	<p>02/09/17: Introduced</p> <p>03/29/17: Passed Assm Labor</p> <p>04/26/17: Set for Assm Approps, to Suspense File</p> <p>06/01/17 Two Year Bill</p>
AB 422 (Arambula)	<p>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.</p> <p>CHA Position: Follow (BJ Bartleson is lead)</p>	<p>02/09/17: Introduced</p> <p>03/15/17: Passed Assm Higher Ed and Approps, to Senate</p> <p>07/0/17: Placed on suspense in Senate Approps</p>
AB 456 (Thurmond)	<p>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.</p> <p>CHA Position: Follow</p>	<p>02/13/17: Introduced</p> <p>03/27/17: Passed B&P</p> <p>04/26/17: Passed Approps Sent to Senate</p> <p>06/13/17 Hearing canceled</p>

Revised: September 1, 2017

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 03/22/17: Passed Assm Health 06/17/17 Sent to Appropriations; on suspense in Senate
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 04/19/17: Passed Assm Higher Ed, to Approps, Passed 06/30/17 Resolved in Budget Act
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 03/27/17: Amended and re- referred to Labor and Employment 05/03/17: Held in committee
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 08/17/17: Sent to Senate Suspense



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August 25, 2017

The Honorable Evan Low
Chair, Assembly Business and Professions Committee
State Capitol, Room 4126
Sacramento, CA 95814

SUBJECT: SB 799 (Hill) – SUPPORT

Dear Assemblymember Low:

The California Hospital Association (CHA) – representing more than 400 hospitals and health systems and 97 percent of patient beds in the state – is writing today as supporting SB 799 (Hill). SB 799 extends the sunset date on the Board of Registered Nursing (BRN) and makes other statutory changes to improve the effectiveness and efficiency of the BRN.

CHA and its member hospitals are encouraged with the new leadership at the BRN and the numerous changes that have occurred in a relatively short time period. We are supportive of the new SB 799 amendments that removed mandatory reporting and now provide for a study of reporting mechanisms to the board so that the BRN can identify methods of receiving and processing timely information on nurses who may have violated the nurse practice act. CHA is supportive of this process to improve historical operational issues through a researched approach. CHA underscores, however, the need for the California Research Bureau to assure inclusion of how long the Board is taking to investigate and take action.

The BRN has taken many steps to improve its organizational processes, however, years of RN BreZE licensing logjams, fingerprint discrepancies, customer service dissatisfaction, and, significant delays and inadequate oversight of the complaint resolution process, have left CHA and its members doubtful of the ability of the BRN to handle additional mandatory reporting in an accountable manner. In other words, we do not have assurance that the additional burden of reporting placed on hospitals will be reciprocated with timely, efficient and effective oversight from the BRN. Per the December 2016 state auditor report¹, roughly 70 percent of complaints involved in urgent or high-priority allegations, such as patient death or harm, had been waiting to be assigned an average of 80 days with completion dates extending 18 months to 3 years. The audit confirmed the BRN lacked process systems and controls to assess and make key process improvement changes. The BRN also failed to comply with consumer affairs direction and state law, along with absence of enforcement staff formal training. The impact of these issues and their resolve will take organizational leadership, management reengineering and time.

As mentioned, since the California State Auditor Report, many positive changes have occurred, specifically within the BRN enforcement division. The BRN has developed and implemented the Quality Business

¹ California State Auditor Report, Board of Registered Nursing Report 2016-046

Integrity Reporting Tool, reassigned personnel, improved the complaint assignment process, and initiated personnel training. However, significant changes will take time, resources and painstaking performance improvement activity. CHA is supportive of this opportunity to assist the BRN and others with information from the California Research Bureau, so that organizational change can occur with ample data and research for successful process improvement.

California hospitals seek to employ the most qualified staff to ensure the highest quality of patient care. To this end, we will continue to support the BRN's efforts to ensure that nurses who jeopardize quality care are held accountable as would be required by this bill. CHA supports this important step to provide research and ample time for the BRN to make successful changes. We will continue to underscore the need to highlight that the BRN act judiciously with the information provided, as the employer's report is an administrative obligation on the employer without demonstrable benefits if there is not timely, efficient and effective processing of the reports.

For these reasons, CHA requests an "AYE" vote on SB 799.

Sincerely,



Connie Delgado
Chief Legislative Advocate

CD:dlv

cc: The Honorable Jerry Hill
Honorable Members, Assembly Business and Professions Committee
Le Ondra Clark Harvey, Consultant, Assembly Business and Professions Committee
Bill Lewis, Consultant, Assembly Republican Caucus



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September 7, 2017

TO: CHA Workforce Committee
CHA Human Resources Committee

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: Integration of Workforce Planning and Development with Operations

I. ACTION REQUESTED

None. Discussion item.

II. SUMMARY AND BACKGROUND

Convincing executive leaders that strategic workforce planning and development is a business imperative is not always easy. Even if you have evidence-based research to support the concept, the timing may not be right at your organization. Kristie Griffin, Director of Talent Acquisition at Dignity Health will lead a discussion on incorporating workplace planning and development into healthcare system operations.

September 7, 2017

TO: CHA Human Resources Committee
CHA Workforce Committee

FROM: Gail Blanchard-Saiger, Vice- President & Counsel, Labor & Employment

SUBJECT: Employee Absences & Leaves – Taking a Fresh Look

I. ACTION REQUESTED

Determine framework for evaluating the issue and developing member resources.

II. SUMMARY AND BACKGROUND

As California continues to adopt laws at the state and local level that ensure employees with protected time off for a variety of reasons, healthcare employers are finding it increasingly challenging to manage staffing. Human resources professionals continually seek creative solutions that balance compliance obligations with operational realities, but balancing the law with operational realities leaves little room for creative solutions.

CHA's Human Resources Committee recently committed to an in-depth analysis of this issue to provide additional support to California hospitals. During the initial call on this topic, the following points were discussed:

1. What messaging resonates with the C-Suite to look at absence management, staffing and productivity in a different way
2. What data is currently available to support new solutions
3. What data is need to support new solutions
4. Are there appropriate staffing benchmarks
5. How to prioritize resources
6. What are the 2-3 key steps to improve productivity and decrease risk
7. What training for employees/management/physicians is needed/effective

More recently, the 2016 fourth quarter Allied for Health survey revealed that the top workforce related concern for hospitals and health systems was increased leaves of absence. (See graph on the following page.)

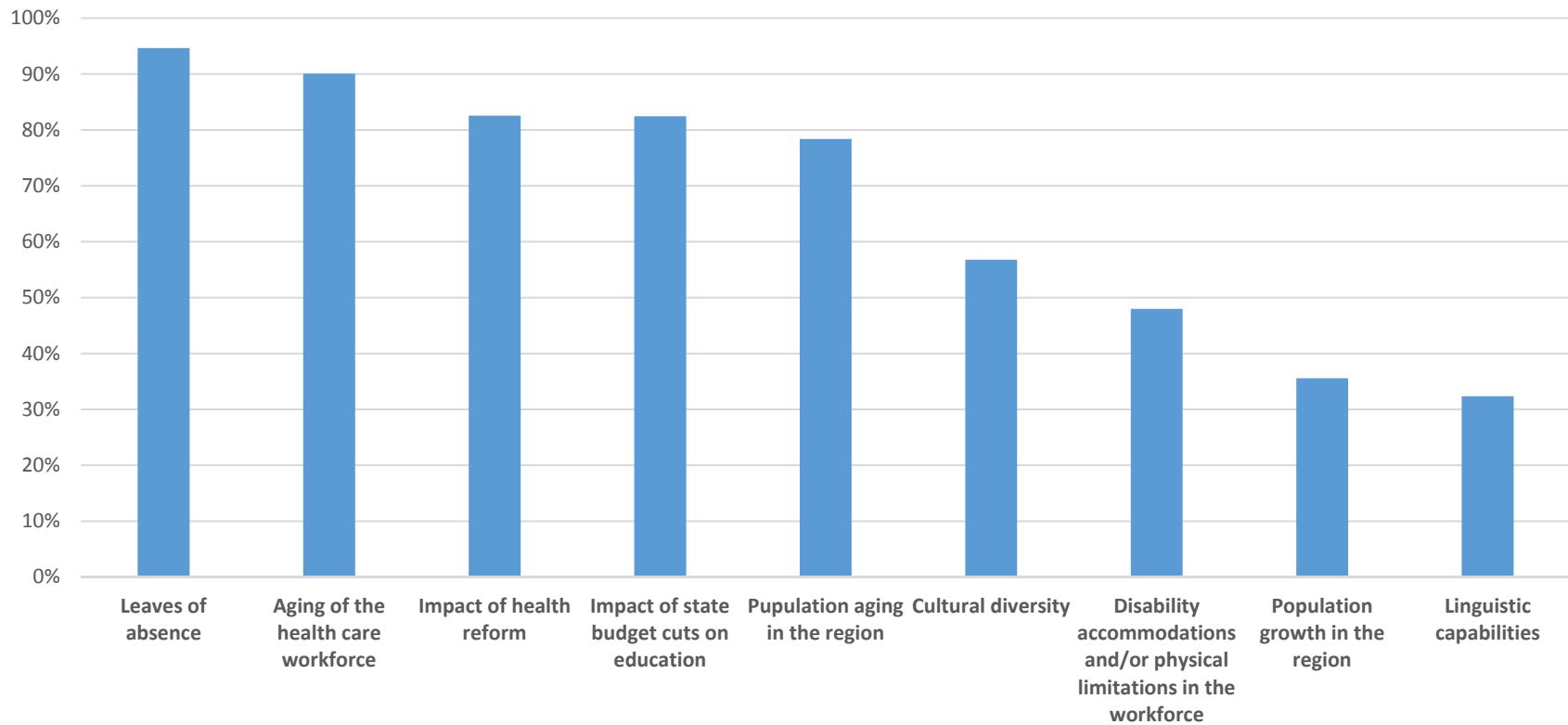
Because the issue is at the forefront for both human resources and workforce development executives, the Human Resources Committee concluded it was important to share the outcome of its initial discussion, obtain feedback from workforce development executives and determine next steps. To facilitate the discussion, Diana Lovan from

Leaves of Absence, Agenda Item VII.
Joint Meeting of the CHA HR and Workforce Committees
Thursday, September, 7, 2017

Cottage Hospital will briefly describe their challenges and some creative steps they have taken to reduce the friction.

Teri Hollingsworth will review the section of the revised HR Metrics survey that focuses on leaves of absence so hospitals can anticipate the data they will need to complete the survey as well as begin to strategize how to use the information.

% of responding hospitals "Concerned" to "Extremely Concerned" about the Impact of specified scenarios on the health care workforce based on Q4-2016; n= 147



Leaves of Absence

* = required question

Please answer this section only for the Location (facility) indicated above, as of September 1, 2017.

- *20. How many regular employees at your facility (full- and part-time) took *leaves of absence* for *work-related reasons* in the last 12 months (if any)?**
 Answer with headcount, not FTEs; if none, fill in 0.
 #_____ employees
- a. If one or more, how long was the average work-related leave of absence?**
 #_____ days OR #_____ hours
- *21. How many regular employees at your facility (full- and part-time) took *leaves of absence* for *non-work-related reasons* in the last 12 months (if any)?**
 Answer with headcount, not FTEs; if none, fill in 0.
 #_____ employees
- a. If one or more, how long was the average non-work-related leave of absence?**
 #_____ days OR #_____ hours
- *22. In the last 12 months, did any regular employees at your facility (full- or part-time) take *intermittent leave* for *work-related reasons*?**
 Intermittent leaves are leaves taken in separate stretches for the same purpose, e.g., medical, sickness, family.
☐ yes ☐ no
- If yes ...**
- a. How many employees took intermittent leave for work-related reasons?**
 Answer with headcount, not FTEs.
 #_____ employees
- b. How many work-related intermittent leaves (cases) were taken by those employees?**
 #_____ leaves (cases)
- c. How long was the average work-related intermittent leave?**
 #_____ days OR #_____ hours
- d. Over the last 12 months, what was the total length of all work-related intermittent leaves?**
 Tally up the total length of time for all such leaves.
 #_____ days OR #_____ hours
- *23. In the last 12 months, did any regular employees at your facility (full- or part-time) take *intermittent leave* for *non-work-related reasons*?**
☐ yes ☐ no
- If yes ...**
- a. How many employees took intermittent leave for non-work-related reasons?**
 Answer with headcount, not FTEs.
 #_____ employees
- b. How many non-work-related intermittent leaves (cases) were taken by those employees?**
 #_____ leaves (cases)
- c. How long was the average non-work-related intermittent leave?**
 #_____ days OR #_____ hours
- d. Over the last 12 months, what was the total length of all non-work-related intermittent leaves?**
 Tally up the total length of time for all such leaves.
 #_____ days OR #_____ hours

- *24. In the last 12 months, did any regular employees at your facility (full- or part-time) take any *statutory leaves* – that is, leave(s) required by law, such as FMLA, CFRA, PDL, voting, jury duty, etc.?**

☐ yes ☐ no

If yes ...

- a. How many statutory leaves (cases) were taken by regular employees at your facility in the last 12 months?**

Answer number of cases, not number of employees.

_____ leaves (cases)

- b. How long was the average statutory leave?**

_____ days OR # _____ hours

- *25. In the last 12 months, did any regular employees at your facility (full- or part-time) take any *Reasonable Accommodations leaves*, such as ADA or FEHA?**

☐ yes ☐ no

If yes ...

- a. How many Reasonable Accommodations leaves (cases) were taken by regular employees at your facility in the last 12 months?**

Answer number of cases, not number of employees.

_____ leaves (cases)

- b. How long was the average Reasonable Accommodations leave?**

_____ days OR # _____ hours

- c. How many employees taking Reasonable Accommodations leaves returned to work after their leaves? How many did not?**

_____ returned

_____ did not return

- *26. In the last 12 months, did any regular employees at your facility (full- or part-time) take any *policy or CBA leaves* – that is, leave(s) not required by law, but required by your organization's leave policy and/or its Collective Bargaining Agreement obligations?**

☐ yes ☐ no

If yes ...

- a. How many policy/CBA leaves (cases) were taken by regular employees at your facility in the last 12 months?**

Answer number of cases, not number of employees.

_____ leaves (cases)

- b. How long was the average policy/CBA leave?**

_____ days OR # _____ hours

- *27. In the last 12 months, how did your facility manage Leaves of Absence?**

If co-sourced, please select both in house and outsourced.

- ☐ in house
☐ outsourced

- a. If you selected in house, how many of your facility's employees are involved in any way in managing leaves?**

Answer with headcount, not FTEs.



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September 7, 2017

TO: CHA Workforce Committee
CHA Human Resources Committee

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: Visión y Compromiso

I. ACTION REQUESTED

Learning item.

II. SUMMARY AND BACKGROUND

Gerry Balczara and Miriam Hernandez of Visión y Compromiso will lead a discussion on building successful hospital/community health worker partnerships and how these partnerships benefit patients and communities.



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September 7, 2017

TO: CHA Workforce Committee
CHA Human Resources Committee

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: The Millennial Workforce and Beyond

I. ACTION REQUESTED

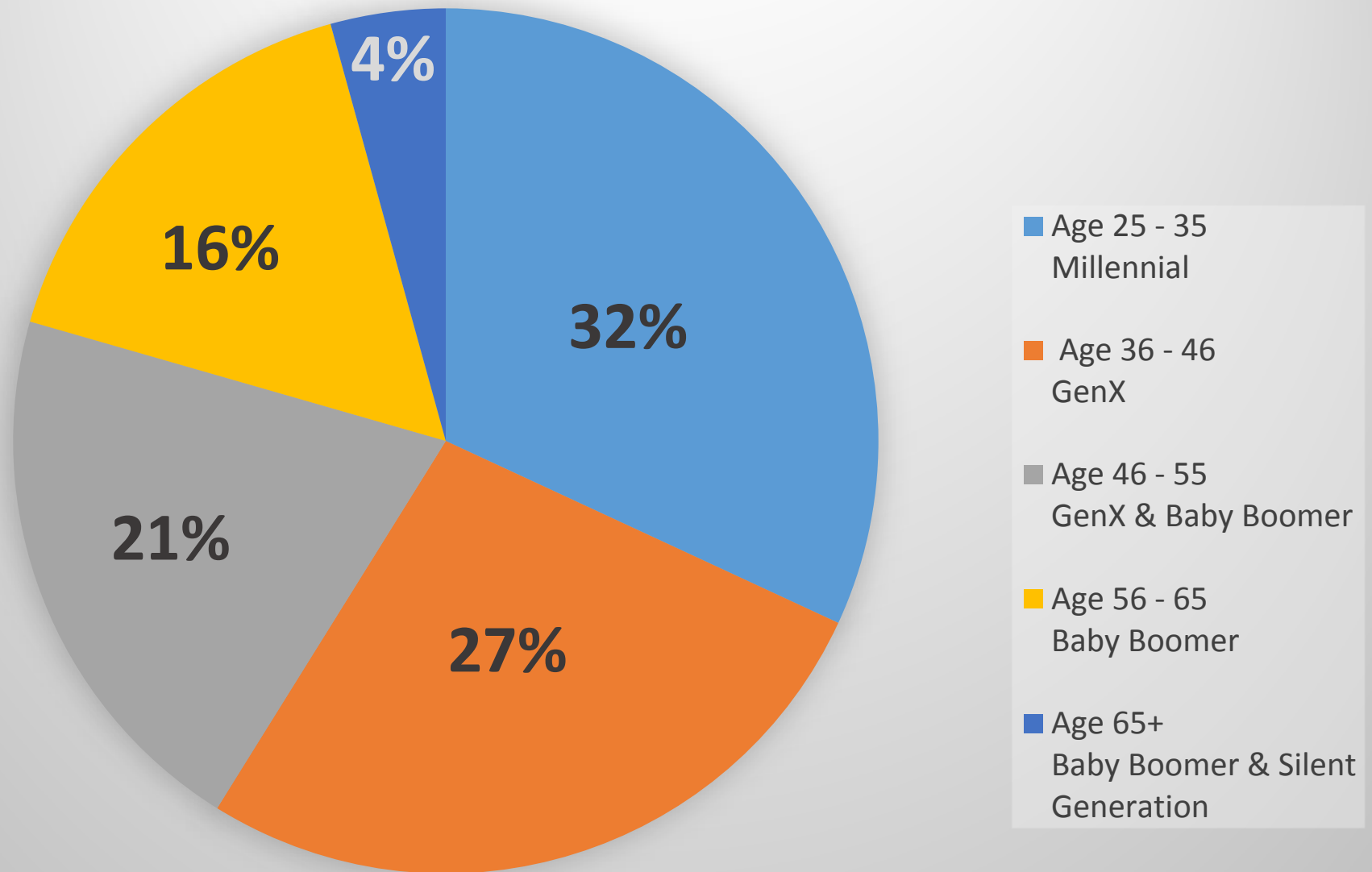
None. Discussion item.

II. SUMMARY AND BACKGROUND

Researchers estimate that by 2020, millennials will surpass baby boomers as the largest segment of the workforce, which means health care leaders need to think about how to recruit, develop and retain this sometimes-misunderstood generation. To make matters more complicated, by 2020 there will be five generations in the workforce working side by side. Each generation brings its own life stage, communication preferences, priorities, and more. During this segment, members are encouraged to share and discuss challenges, as well as best- practices for recruiting and retaining the millennial health workforce.

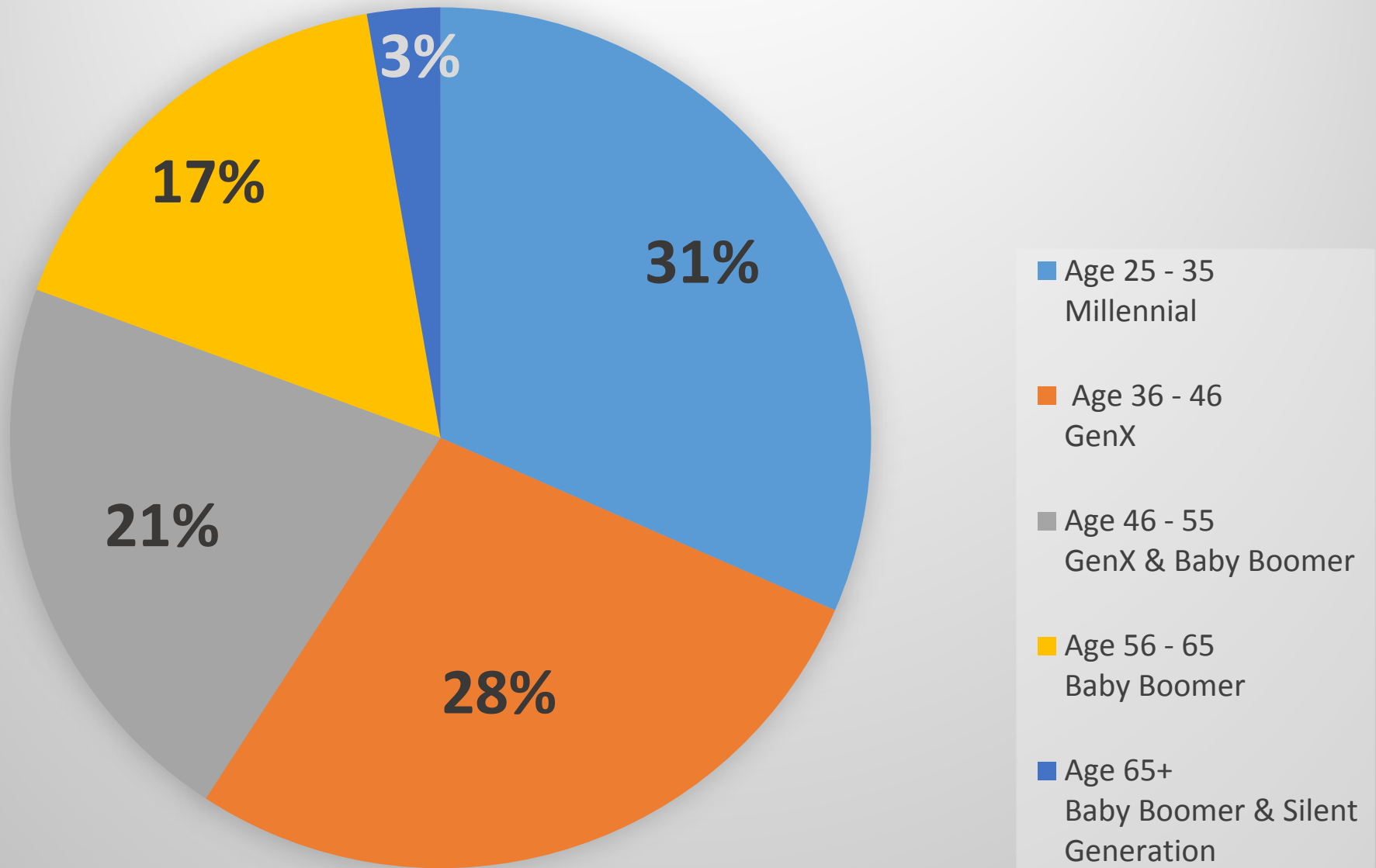
And what about Gen Z, otherwise referred to as the iGeneration? How should employers prepare for this generation of workers? By 2020, they will account for one-third of the U.S. population, certainly worth paying attention to.

Estimated Statewide Allied Health Workforce Generational Representation*



*Based on Q4 2016 HASC Supplemental Survey

Estimated Statewide Nursing Workforce Generational Representation*



*Based on Q4 2016 HASC Supplemental Survey



California Hospitals
Provide Care and Employ Thousands.

Support the Hospitals
that Support You.

Join CHPAC today!



CALIFORNIA HOSPITAL ASSOCIATION
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 health 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



CHPAC Executive Committee

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

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:

Name: _____
Occupation/Title: _____
Full Name of Employer: _____
Physical Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ 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

Name on Card: _____
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.

CHA Workforce Committee

Proposed 2018 Meeting Dates

IN PERSON MEETING

THURSDAY, MARCH 1, 2018

10 AM – 2:30 PM

California Hospital Association
Board Room
1215 K Street, Suite 800
Sacramento, CA 95814
800-882-3610 PIN: 6506506#

VIA CONFERENCE CALL

THURSDAY, APRIL 27, 2018

10:00 am – 11:30 am

800-882-3610 PIN: 6506506#

IN PERSON MEETING

THURSDAY, MAY 17, 2018

10 AM – 2:30 PM

California Hospital Association
Board Room
1215 K Street, Suite 800
Sacramento, CA 95814
800-882-3610 PIN: 6506506#

IN PERSON MEETING

THURSDAY, SEPTEMBER 6, 2018

10 AM – 2:30 PM

California Hospital Association
Board Room
1215 K Street, Suite 800
Sacramento, CA 95814
800-882-3610 PIN: 6506506#

VIA CONFERENCE CALL

THURSDAY, DECEMBER 6, 2018

10 am – 11:30 am

800-882-3610 PIN: 6506506#