CALIFORNIA HOSPITAL ASSOCIATION

Providing Leadership in Health Policy and Advocacy

CHA WORKFORCE COMMITTEE

Thursday, March 1, 2018
10:00 am - 2:30 pm

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

Dial-in Attendees:
1-800-882-3610
Passcode: 6506506#

AGENDA

ITEM	TIME	SUBJECT	REPORTING	PAGE
I.	10:00 - 10:15 am	**Welcome and Introductions** A. Special Welcome from Carmela Coyle, CEO, California Hospital Association B. Introductions	Moses Aguirre	3
II.	10:15 - 10:20 am	**Minutes from Previous Meeting** A. Approval of CHA Workforce Committee call minutes from December 7, 2017	Moses Aguirre	6
III.	10:20 - 10:45 am	**Landscape Update** A. All members report on emerging trends and issues B. HLWI Update C. Leading the Way Coalition Update	All	
IV.	10:45 - 11:15 am	**Viridis Learning Presentation** A. Virdis helps students match their skills to careers via a technology platform	LaMar Bunts	10
V.	11:15 - 11:30 am	**Hospital Association of Southern California** A. Update on white paper and HASC college diversity program	Teri Hollingsworth Lisa Mitchell	11
VI.	11:30 am - 12:15 pm	**2018 Work Plan Review and Discussion** A. Public Advocacy Initiative on Health Workforce	Cathy Martin	26

VII.	12:15 - 1:00 pm	**Lunch**	All	
VIII.	1:00 - 1:30 pm	**Workforce and Education Legislative Update** A. Workforce/Labor Bills of Interest B. Education Bills of Interest C. 2018 Budget – Prop. 56 GME Funding	Cathy Martin	28
IX.	1:30 – 1:45 pm	**Cal-HOSA Request** A. Cal-HOSA would like to partner with CHA and member hospitals to boost visability to be on par with other career technical organizations, such as FFA	Cathy Martin	31
X.	1:45 - 2:00 pm	**Joint Sub-Committee on Leaves of Absence** A. Update, Goals, Purpose		32
XI.	2:00 - 2:15 pm	**California Hospital Political Action Committee**	Cathy Martin Moses Aguirre	33
XII.	2:15 – 2:30 pm	**Other Business** A. Final 2018 CHA Workforce Committee meeting dates B. Next meeting is Thursday, April 26 via conference call	Moses Aguirre	35
XIII.	2:30 pm	A. **Adjourn**	Moses Aguirre	

*DENOTES ACTION ITEM

CALIFORNIA HOSPITAL ASSOCIATION

Providing Leadership in Health Policy and Advocacy

March 1, 2018

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.

CHA Workforce Committee
ROSTER

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CALIFORNIA HOSPITAL ASSOCIATION

Providing Leadership in Health Policy and Advocacy

March 1, 2018

TO: CHA Workforce Committee

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: Draft December 7, 2017 Conference Call Meeting Minutes

I. ACTION REQUESTED

Review and approve minutes of the December 7, 2017 CHA Workforce Committee conference call.

CALIFORNIA HOSPITAL ASSOCIATION

Providing Leadership in Health Policy and Advocacy

CHA WORKFORCE COMMITTEE
DRAFT MEETING MINUTES

Thursday, December 7, 2017
10:00 – 11:30 a.m.

Via Conference Call

Members Participating: Moses Aguirre, Kim Bakken, Mylene Brooks, Thea Bruzkzinski, Nicole Greene, Kristie Griffin, Ashleigh Hammam, Heather Kenward, Scott Mumbert, Enza Sanchez, Elmerissa Sheets, Anette Smith-Dohring, Greg Smorzewski, Jennifer Ures, Genil Washington, Laura Niznik Williams

CHA Staff Participating: Cathy Martin, Michele Coughlin

Regional Staff Participating: Terri Hollingsworth, Lisa Mitchell, Judith Yates,

I. Welcome and Introductions

Moses Aguirre welcomed members and the meeting began at 10:03 a.m. Moses welcomed new committee members to the meeting: Michelle Miller, Genil Washington, Jennifer Ures (returning member), and Scott Mumbert (returning member).

Following introductions, Moses Aguirre updated the committee on his departure from Cottage Health and let the group know that he had joined Adventist Health and was now serving as Regional Director of Talent Acquisition for their Southern California Region. Moses explained that this move would not affect his role as committee chair. Moses went on to announce that Kristie Griffin, Director of Talent Acquisition at Dignity Health would be serving as the committee's Vice Chair going forward.

- Jennifer Ures (previously Rangel) asked that her last name be updated on the roster.

II. Minutes from September 7th Joint Meeting of the Human Resource (HR) & Workforce Committees

Moses directed the group's attention to the September 7, 2017 joint CHA Workforce & HR Committee meeting minutes and requested attendees bring forth any necessary changes or revisions to the document.

Cathy Martin called attention to two action items from the September 7 meeting: Development of resources on the impact of the recent decision on the Deferred Action for Childhood Arrivals (DACA) and the establishment of a Joint Leaves of Absence subcommittee. Relative to DACA resources for hospitals, Cathy indicated that Gail Blanchard-Saiger was closely watching the issue waiting for definitive action from the federal government before issuing such resources. Secondly, those on the Workforce Committee wishing to join the Joint Leaves of Absence subcommittee should let Cathy know and she will make sure that they are included and invited to participate in those calls.

- The minutes from the September 7, 2017 meeting at Cottage Hospital in Santa Barbara were approved unanimously without edits.

III. Landscape Update

Teri Hollingsworth introduced Lisa Mitchell who recently joined HASC as the Workforce Development Manager at HASC.

Teri explained that while HASC had been actively engaged in outreach activities with stakeholders, they had recently expanded their collaboration beyond their work with the Los Angeles Workforce Investment Board

to include alliances with similar stakeholders in other nearby geographies as a way to broaden opportunities beyond their immediate region. As part of this outreach, Lisa detailed an opportunity HASC has been working on in the Inland Empire. Hospitals in the Inland Empire have commented about the number of schools seeking clinical placements as part of a formal training program. Hospitals are seeking assistance from HASC in hopes that the association could act as a clearing-house of sorts for these placements.

Lisa asked the committee if a tool such as this currently existed, as they did not want to recreate a platform if it already existed.

In response to this request for feedback, Anette Smith-Dohring explained that Sutter Health has been working with My Clinical Exchange on a similar tool that meets Joint Commission requirements. Kristie Griffin from Dignity Health also indicated that Dignity was working with My Clinical Exchange. Teri and Lisa thanked the committee for their feedback and indicated that they will study this more, and will reach out to Anette and Kristie for more information on My Clinical Exchange.

Kristie Griffin updated the committee on Dignity's merge with Catholic Health Initiatives. They are anticipating the merger to happen in the second half of 2018.

Cathy Martin alerted the committee about an upcoming report from Policy Link that will focus on the inequities and injustices in the health care workforce. The report is expected to focus on diversity and a lack of training program investments. Members were asked to bring forth any programs that they fund that address the need for a diverse health workforce, as well as any programs that serve hard to reach populations with barriers to employment.

- ➢ Members agreed that CHA should consider the development of a "campaign" or other outreach/educational materials that highlight all that hospitals are doing when it comes to developing a diverse health care workforce, as well as all the investments made by hospitals in training and educating future health care professionals. Members agree that it is time to be proactive in order to counter any messaging that may come out of the Policy Link report or other labor efforts. Cathy Martin will bring this up with the appropriate CHA staff.

IV. Physical Therapy (PT) Recruitment Strategy Discussion

Jennifer Ures described the challenges that Lodi Memorial Hospital is facing related to recruiting PTs. She solicited strategies from committee members on how the recruit at the regional/national level for this specialty.

Moses Aguirre stated that during the time he was recruiting for Cottage Health he found that PT did skew towards a younger demographic, which is good, because this workforce is not critically close to retirement. Cottage Health used internships as a successful strategy to fill PT positions. He explained that during the internship period, the individuals would become rooted in the community, so when a position was available, they were eager to stay in the area.

V. California Future Health Workforce Commission

Cathy Martin gave a brief summary of the California Future Health Workforce Commission and described the commission's objective to the group. Cathy informed the committee of the Commission's top three priorities:

- Behavioral health workforce
- Primary care workforce
- Aging population and workers to care for them

CHA has appointments on both the Technical Advisory Committee to the Commission (Cathy Martin) and the Behavioral Health Workforce Sub-Committee to the Commission (Sheree Lowe). Additional updates will be provided as the commission begins developing recommendations.

VI. Legislative Update

Cathy explained that the legislature was currently on recess after wrapping up the session in September. AB 387 ended up on the inactive file and it is unclear whether the author and sponsors intend to move this bill in 2018.

VII. Adjournment

Call adjourned at 11:33 a.m.

CALIFORNIA HOSPITAL ASSOCIATION

Providing Leadership in Health Policy and Advocacy

March 1, 2018

TO: CHA Workforce Committee

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: Viridis Learning Presentation

I. ACTION REQUESTED

None. Presentation and discussion.

II. SUMMARY AND BACKGROUND

Viridis Learning uses data analytics to match students' career aspirations and skill sets with employer demand. They are working with both colleges and employers to create career pathways using technology.

LaMar Bunts, COO of Viridis Learning, will be sharing some of their recent work with hospitals and health systems in California.

CALIFORNIA HOSPITAL ASSOCIATION

Providing Leadership in Health Policy and Advocacy

March 1, 2018

TO: CHA Workforce Committee

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: Hospital Association of Southern California (HASC) Update

I. ACTION REQUESTED

Discussion item.

II. SUMMARY AND BACKGROUND

Teri Hollingsworth and Lisa Mitchell of HASC will share a recently released report relative to the workforce landscape in Southern California and announce the launching of the HASC college diversity internship program.

Southern California's Health Care Workforce:

Challenges, Approaches and Solutions

A white paper produced by the Hospital Association of Southern California with FutureSense LLC.

HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA®

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The Hospital Association of Southern California (HASC), founded in 1923, is a not-for-profit 501(c)(6) regional trade association. HASC is dedicated to effectively advancing the interests of hospitals in Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara and Ventura counties. We are comprised of 184 member hospitals and 40 health systems, plus numerous related professional associations and associate members, all with a common goal: to improve the operating environment for hospitals and the health status of the communities they serve.

Executive Summary:

This paper's goal is to help workforce development managers and others understand the pressing workforce issues and concerns of hospitals, as well as identify strategies to address them. This paper reviews data collected by HR leaders in hospitals regarding trends in hiring, recruitment, workforce planning, turnover and retention, training, and the physician shortage. Additionally, this paper explores solutions including post-secondary partnerships, K-12 educational partnerships, strategies that address the specialty nursing experience gap, and strategic workforce planning.

Recent figures show that health care accounts for nearly 18 percent of the gross domestic product, with year-over-year increases anticipated.[1] In terms of employment, a recent Kaiser Family Foundation study reports that health care employment accounts for nearly 9 percent of the total employment in the country – totaling nearly 12.5 million health care workers across the U.S.[2] No matter how you look at it, the health care industry accounts for a large portion of the U.S. economy and workforce – and California leads the way.

The California Health Care Foundation reports that California businesses employ nearly 1.4 million health care workers.[3] Health care related occupations account for over 7 percent of the total employment in California, and that number is projected to continue growing in the near future.[4] The Public Policy Institute of California reports that the number of Californians working in health care is expected to grow 23 percent by 2020, as well as account for almost 10 percent of all new jobs created in the state.[5] The aging population, increased life expectancy, as well as concerted preventative care and population health efforts, only compound the demand for health care workers across all facets of the industry.

According to the Los Angeles Economic Development Corporation (LAEDC) Institute for Applied Economics, the hospital industry specifically accounts for approximately 400,000 jobs in Southern California alone equating to $28.7 billion in labor income (including benefits). Over the next five years, close to 150,000 health care openings will need to be filled in the HASC region. More than 66,000 will be new jobs and over 83,000 will be replacement jobs. Of all openings over the next five years, 20 percent will require a high school diploma. Just over a quarter will require some post-secondary schooling, and an additional quarter will need a bachelor's degree. Just 8 percent will require a doctorate or professional degree. Average sector wages were highest in hospitals, reaching $72,762 annually. Given the

breadth and size of these economic contributions, it is essential to have a clear understanding of the current state of the hospital and health care workforce in Southern California.

Of additional interest is the impact of the aging health care workforce as baby boomers who are health professionals retire. Approximately one third of the nursing workforce will retire in the next decade – an unprecedented number never seen before in history. This factor will demand more strategic planning efforts to meet what is anticipated to be an escalating future demand.

Mindful of this need, HASC is committed to assessing the current state of the health care workforce in Southern California, as well as identifying and working toward possible solutions for the health care industry's needs. To support these efforts, HASC kicked off a research study to explore workforce challenges, opportunities and risks connected to member hospitals, as well as possible solutions.

[1] Leonard K. U.S. sees historic jump in health care's share of the economy. U.S. News & World Report. 2016 Dec 2.

[2] Health care employment as a percent of total employment. The Henry J. Kaiser Family Foundation. 2015 May. http://kaiserf.am/2wzhDM5.

[3] Bates T. California's health care workforce. California Health Care Foundation. 2017 Aug. www.chcf.org/publications/2017/08/california-workforce.

[4] Health care in California. State of California Employment Development Department. 2013. P. 5.

[5] Beck L, Bohn S, McConville S. California's health workforce needs. Public Policy Institute of California. 2014 Sept. www.ppic.org/content/pubs/report/R_914SMR.pdf.

STUDY METHODOLOGY:

In spring of 2017, HASC invited 183 member hospitals in Los Angeles, Orange, Riverside, San Bernardino, Ventura and Santa Barbara counties to provide input on the challenges and best practices surrounding hiring, training, and retaining hospital staff. Hospital human resources, workforce development and talent acquisition leaders who agreed to participate were asked a series of 12 open-ended questions regarding hospital workforce development. Participants had the opportunity to describe challenges related to hiring new staff, retaining and upskilling existing staff, recruiting new talent, establishing partnerships with schools, and emerging hiring and training needs that might need to be addressed in the next few years.

Hiring and retention challenges, and strategies for licensed health professionals (pharmacy, laboratory, nursing, social services, physical therapist, respiratory therapist, etc.) include professional practice issues within each discipline that can have a significant impact on the ability to recruit and retain experienced personnel. In the future, HASC will work on exploring and identifying factors unique to each discipline to augment targeted strategies.

Job titles of those who participated in the study included:

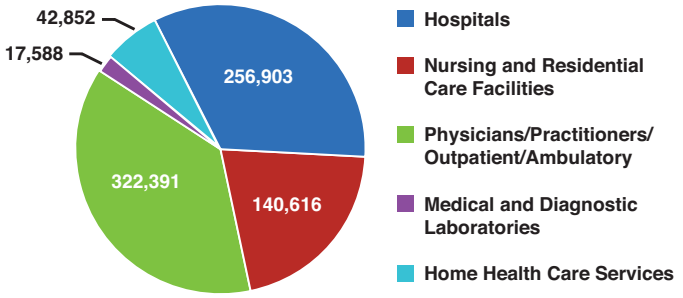
Chief Human Resources Officer	Executive Director of Talent Acquisition
Senior Vice President of Human Resources & Organizational Development	Senior Human Resources Business Partner
Vice President of Human Resources	System Recruiter
Human Resources Director	Clinical Recruiter
Human Resources Manager	Talent Acquisition Consultant
Human Resources Supervisor	Recruiting Specialist

Overview: Forecasting & Outlook

Before we dive into the results of the study, it is essential to understand industry outlook and forecasts for California. In July 2017, the LAEDC Institute for Applied Economics reported on workforce and economic forecasts for Southern California hospitals.[6] The research indicated growth for the health care workforce – with a total of nearly 150,000 new job openings in the next four years.

It is important to consider the impact hospitals have in the health care workforce. The LAEDC report highlights that while hospitals account for only about 1 percent of the health care service entities in the HASC region, hospital employment accounts for nearly 33 percent of industry employment, meaning that by sheer numbers of job openings, employees hired, and turnover, hospitals feel workforce issues particularly acutely.

Employment by Industry (2016)



Source: CA EDD

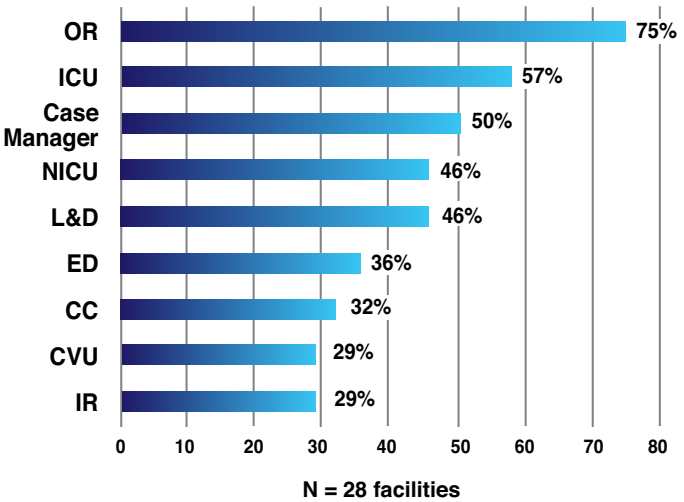
STUDY RESULTS

Mindful of the demand and future needs of the health care workforce in Southern California, HASC highlighted five areas of focus for its workforce study. The five areas included: hiring, recruitment, workforce planning, turnover and training.

Hiring

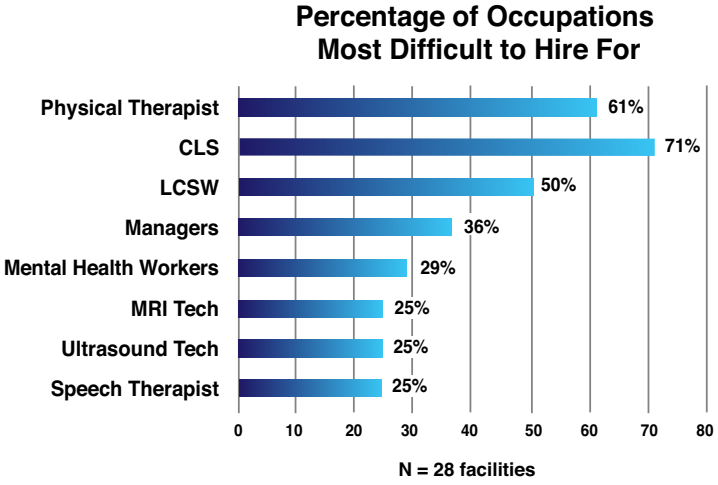
For the study, participants representing 28 hospitals were asked to list occupations they have the most difficulty hiring for. It should be noted that "most difficult to hire" was not defined to respondents and could mean the greatest demand (volume) needed to be hired, or even highest priority to hire (urgent and required). Unsurprisingly, specialty RN jobs topped the list with 93 percent of hospitals identifying difficulties in filling these jobs. When asked to specify which RN specialty positions are the most difficult to fill, we found that OR, ICU and Case Manager topped the list. The breakdown of all the top specialty RN jobs is detailed below:

RN Positions Most Difficult to Hire



[6] De Anda R, Sedgwick S, Mitra S. The hospital industry in Southern California: an economic analysis. LAEDC Institute for Applied Economics. 2017 July.

While the most difficult-to-hire jobs were specialty RNs, there were many other non-RN jobs reported as well, as listed below:



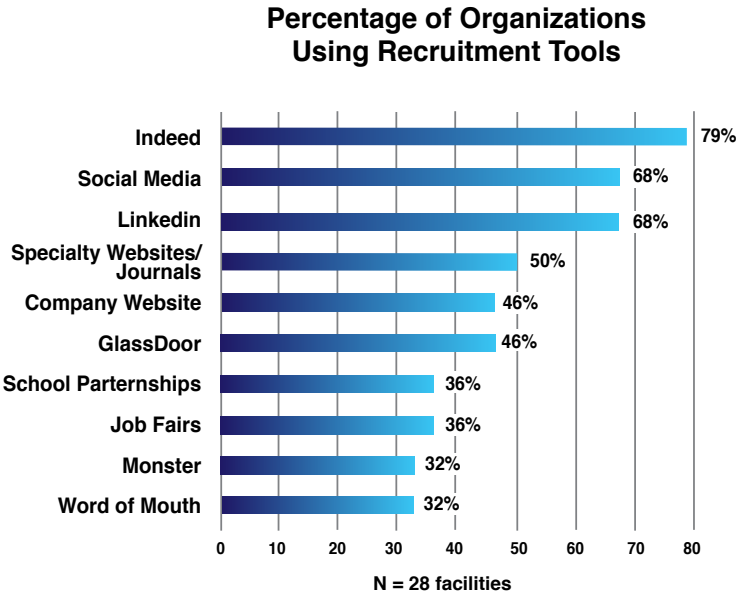
Additionally, the data showed some specific localized trends by county and indicated some major barriers to hiring in each.

- **Los Angeles County** reported its biggest shortages in specialty RNs and clinical laboratory scientists were due to barriers including high cost of living and housing, competition with other local hospitals, high market saturation, competition for candidates, and difficult commute.
- **Orange County** reported its greatest shortages in specialty RNs, clinical laboratory scientists, physical therapists, pharmacists, licensed social workers and mental health workers were due to recruitment barriers like competition among hospitals for candidates, challenges with high cost of living, and difficult commutes.
- **Inland Empire** reported its biggest shortages in specialty RNs and physical therapists were due to barriers including geographic location (rural and remote), long commutes, limited local candidate pool, and weather extremes (deserts, mountains and snow).
- **Ventura and Santa Barbara counties** reported their biggest shortages in specialty RNs and clinical laboratory scientists were due to barriers including an aging workforce, a lack of local training programs to recruit from, and a lack of clinical sites. Additional barriers included the high cost of living and housing, difficult commutes, high relocation costs, and out-of-state licensing transfer costs and difficulties.

In the future, exploring local, regional, and statewide supply and demand for specific allied health professionals will be important to determine strategic recommendations for improvement to validate the extent of the shortage of talent in specialty areas. Other future considerations would include focusing on internal barriers, not just external factors for hospitals or groups that might contribute to recruitment, hiring and retention such as: indicators of a healthy workplace, hospitals known as centers of excellence for specific programs or services that may attract expert providers/professionals and retain them, etc.

Recruitment

Beyond the actual jobs in need of being filled, HASC also looked at the recruitment strategies used to fill vacancies. The study asked what mechanisms are primarily used for hospital recruiting efforts:



While the use of online recruitment tools prevails, many hospitals are also trying to leverage in-person means. Hospitals in all regions mentioned seeing positive results from hosting "open houses" (or similar events), which allow applicants to tour the hospital and meet existing staff to attract talent. Multiple hospitals detailed great success with this approach. In-person recruiting methods such as these, however, were not found to be used as frequently as online options.

The results show eight of the top 10 approaches that hospitals rely on for their recruitment efforts are to simply push out the job openings to candidates, and hope that the right candidates see and apply for the jobs. While some online tools like LinkedIn allow for strategic direct recruiting reach-outs, the results indicate a heavy reliance on non-strategic approaches to recruitment with the top being the "post and pray" method through most other online channels.

This study focused on the input from a target group of HR leaders. There is the possibility that if department directors (of pharmacy, laboratory, nursing, etc.) were asked the same

questions they might leverage other recruitment efforts that more directly involve academic systems, professional practice organizations, professional networking and partnerships.

Workforce Planning

In terms of identifying the recruitment needs, both present and future, participants were asked how they approach workforce planning and determining annual staffing needs. The majority of respondents reported that there was little strategy with workforce planning, rather, workforce planning efforts were simply an exercise completed by leaders of individual departments as a budgetary consideration, with proposals for headcount ultimately approved by executive management or their governance board.

Some hospitals, however, did dive deeper in their workforce planning by looking at turnover, department demographics, and local market trends as tools to project what the future workforce needs look like (i.e. functional forecasting). Most hospitals reported not being able to engage in this level of strategic workforce planning due to constraints in budget, personnel, and resources to collect workforce data, analyze it, and forecast out the short and long-term needs.

In addition, effective efforts in forecasting may involve a model or framework that includes both HR leaders and service specific practice leaders to contribute to a more integrated plan. The study did not assess if practice leaders contribute to HR recruitment plans or the level of HR leaders' ability to know about and incorporate practice leader networks and partnerships that may be in place outside of HR. Other considerations worth exploring in the future would be how specific functions are carried out and by whom in the hiring process, as well as what resources or expertise are needed and available to those hiring.

Turnover & Retention

The occupation experiencing the greatest turnover in the region was nursing, as reported by 79 percent of participants. Nurses are the most difficult to retain, according to the study, for reasons including local wage competition, difficult commute, and nurses deciding to go back to school.

Though hospitals do not report turnover as a large problem, results from the 4th-quarter 2016 *Health Care Workforce Survey Report*,[7] compiled by HASC and partners, shows us that while turnover is stable, it is still substantial. The numbers

	Turnover Rate	Hire Rate	Avg. Vacancy Rate
CA Statewide (All jobs)	10.2%	12.7%	5.1%
CA Statewide (RN)	10.7%	16.0%	5.9%
Nor. CA (All jobs)	9.0%	12.0%	4.0%
Nor. CA (RN)	9.0%	14.4%	4.3%
So. CA (All jobs)	11.0%	13.0%	5.2%
So. CA (RN)	12.1%	17.1%	6.4%
San Diego, CA (All jobs)	11.3%	14.4%	9.2%
San Diego, CA (RN)	11.1%	17.8%	9.6%

indicate that RN turnover is sitting at or near all other jobs. The considerable proportion of RNs compared to other jobs in the workforce explains why respondents likely feel the burden of RN turnover more than other roles, despite the turnover percentages being relatively similar.

In addition to the total turnover rate, the same HASC report indicates incredibly high rates of turnover for RNs within the first two years. With over half of RNs leaving their jobs at organizations within the first two years of service. This high incidence of turnover so quickly should inform unique strategies to refine hiring and selection criteria, as well as strategies to improve employee satisfaction and engagement for staff within the first 24 months of employment.

Hospital representatives from Orange County detailed their biggest barriers to retention being regulation, competition with pay, an aging population, high cost of living,

RN Length of Service Before Termination	Prevalence
Employed less than 1 year	28%
Employed 1-2 years	28%
Employed 3-5 years	14%
Employed more than 5 years	31%
N = 98	

and difficult commute. A hospital in Los Angeles reported competition with pay as being the biggest retention barrier they experience. A health system in Ventura and Santa Barbara counties reported relocation, family obligations, cost of housing, ample housing availability, and career change as the biggest barriers to retaining staff.

Training

Participants in meetings and interviews were asked to identify opportunities in their hospitals to upskill current staff.

[7] Health care workforce survey report. California Hospital Association, FutureSense, Hospital Association of San Diego and Imperial Counties, Hospital Association of Southern California, Hospital Council of Northern and Central California, UC San Francisco. 2016 Oct - Dec. www.healthcarehrsource.org.

Hospitals in Los Angeles, Orange County, the Inland Empire and Ventura and Santa Barbara counties all identified **specialty nursing** as the biggest opportunity to upskill their existing staff, followed closely by **leadership** training. Other noteworthy opportunities for training existing staff include building "soft skills" in staff – and upskilling through CNA-to-LVN training.

The impact of the specialty nursing shortage in hospitals is significant in all aspects of workforce. From recruitment and retention, to training and development, the short supply of specialty trained nurses is the main area of focus for most of hospital human resources, talent acquisition and workforce development teams, as evidenced by our discussions with HASC member hospitals. Participants in these discussions highlighted the need to provide opportunities for their existing nursing workforce to access hands-on training in the specialty departments. Finding ways to offer training and development in the specialty areas to the existing and new graduate hospital nursing workforce is a key strategy to address this shortage.

Participating hospitals also identified a clear career pathway for the **certified nursing assistant** (CNA) occupation as an important upskilling opportunity for staff. Those interviewed highlighted the opportunity to elevate entry-level CNAs to become **licensed vocational nurses** (LVN) through didactic and clinical training. Upskilling programs provide the opportunity to create progression for technical and sustainable jobs.

Physician Shortage

While this report was primarily looking at hospital employees, we would be remiss not to address physician workforce shortages and projected physician retirements in the coming decade. Over 33 percent of physicians in California are over the age of 60.[8] Funding for graduate medical education (GME), the second phase of a physician's training after medical school, is a priority for the association. Since 1965, the Centers for Medicaid and Medicare (CMS) has been the largest single funder of GME in the nation.[9] However, in 1997, Congress capped the number of residency slots for which teaching hospitals could receive funding.[9] This cap has resulted in an enormous gap in funding for training, especially in California, where there is no dedicated state funding source for GME. The gap in funding for GME, what it costs California teaching hospitals to administer GME programs versus what they receive from CMS, is over $1 billion, which means that teaching hospitals are subsidizing the cost of training our future physician workforce.[10] Over the years, the California Hospital Association has participated in several efforts to preserve and enhance funding for GME, both at the state and federal level. There has recently been some minor success in garnering state general fund dollars to expand residencies in the areas of primary care and family medicine, two specialties with pervasive shortages. However, funding is uncertain from year to year, adding some risk for residency programs that wish to apply for this money to expand their programs. California and the nation need a more permanent solution to the underfunding of GME in order to avoid critical physician shortages and ensure access to care in the years to come.

Over 33 percent of physicians in California are over the age of 60.

STRATEGIES & SOLUTIONS

The data collected through this study is integral to understanding the nature of the challenges and successes hospitals are facing when it comes to workforce development in the Southern California region. From regional staffing shortages, to career pathway development, there are clear opportunities that hospitals can assess to help find sustainable solutions.

Stronger Post-Secondary Educational Partnerships

Education is a critical component to many of the difficult-to-hire-for jobs. Almost every job listed on the difficult-to-

[8] 2015 state physician workforce data book. Association of American Medical Colleges. 2015. https://members.aamc.org/eweb/upload/2015State DataBook%20(revised).pdf

[9] McGee D, Wagner MJ. GME funding: financial implications of curriculum design. Accreditation Council for Graduate Medical Education, 2016 Aug. www.acgme.org/Portals/0/PDFs/Webinars/GMEFundingWebinar-ACGME2016-final.pdf?ver=2016-08-11-150712-387.

[10] CHA/Manatt study on Medicare payment data (internal study). California Hospital Association, Manatt. 2010. Contact: Cathy Martin, CHA VP, workforce policy, camartin@calhospital.org.

hire-for list requires education or certification beyond high school. Considering this, hospitals should work to develop stronger relationships with post-secondary institutions to address pipeline shortages by increasing awareness about hospital careers (beyond the RN and MD) to those who will be entering the job force, and to create a strategic pipeline of talent for critical roles in health care.

Historically, academic partnerships may have felt like a lot of bureaucratic red tape, but with recent budget cuts and changes in government spending, academic institutions have an increased incentive to help solidify partnerships. The mutual needs and benefits to all parties involved will likely catalyze forming such relationships.

While many community colleges have partnerships with one or more universities to provide RN-to-BSN pathways for associate degree nurses (ADN) to continue on to get a bachelor's of science in nursing (BSN) within one year of RN licensure and completion, an opportunity exists for hospitals to consider hiring ADN nurses who are enrolled in a BSN program as a recruitment strategy and then supporting them with modified schedules to assure academic success.

These innovative partnerships not only allow hospitals to have a closer connection with the skilled employees entering the workforce, but also offer an opportunity to influence curriculum and refine the skills of future employees. These relationships would also provide opportunities to upskill staff roles – such as keeping RNs on staff while working toward advanced nursing degrees.

Another opportunity with secondary and post-secondary institutions is to influence curriculum to ensure that graduates have the competencies needed to be successful in the current health care environment. With an increasing demand for patient-centered care and team-based care, there is a greater need for soft skills training for health care workers. Hospitals have an opportunity to help push for this to be addressed in curriculums.

While some schools have not yet integrated this into their curriculum and requirements, advocacy groups have been working to build supplemental programs for hospitals to access and use in onboarding new staff or upskilling their current staff with these soft skills. The Health Workforce Initiative (HWI) funded by the California Community College Economic and Workforce Development Division has developed a *Hi-Touch Healthcare: Critical Six Soft Skills* curriculum for pre-licensure programs to include in their courses and health care organizations to use to help augment the education that was received and to build the soft-skills training necessary to succeed in a new era of patient-centered health care.[11] Some of the skills included in the program include communication competency, ethics and professionalism, problem solving, diversity and compassion. These programs, developed by community colleges (in collaboration with affiliated organizations) provide low-to-no cost options to hospitals as a means of bridging the gap that formalized education can miss with soft skills training.

K-12 Educational Partnerships

Most people think of academic partnerships with colleges and universities as the only way to build the RN pipeline, however the need is just as great, if not greater, for positions that fall in HASC's "Allied for Health" category as well. According to the Public Policy Institute of California, nearly 40 percent of new health care jobs in the next decade will require some level of college education, but less than a full bachelor's degree.[12]

A look at the 2017 *Allied for Health Hot Jobs Survey* shows that nearly half of the high-demand jobs listed require an associate's degree or some sort of additional certification,

[11] Economics and workforce development program – annual report. California Community Colleges. 2017.

[12] Beck L, Bohn S, McConville S. California's health workforce needs. Public Policy Institute of California. 2014 Sept. www.ppic.org/content/pubs/report/R_914SMR.pdf.

not a bachelor's degree or master's degree. Some of these jobs include: certified coder, surgical technician, nuclear medicine technologist, radiological technologist, CT technologist, ultrasound technician, etc. California has actively partnered with K-12 schools to implement education and

In the specialty nursing areas, hospitals are feeling the weight of the shortage in turnover, cost, and operations.

awareness programs about health care careers prior to high school graduation. This will ensure a quick transition and more pathways to certification or community colleges for the right education in these fields.

Another effort to help bridge the health career educational gap has come from the California Department of Education, which has built Technical Education Model Curriculum Standards for secondary school to ensure that high school graduates are trained with the competencies and skills to prepare for a health science career. These efforts augment current academic standards and learning objectives (like Common Core) and infuse a health care spin into the curriculum to increase awareness of the fields available to graduates. Associations and hospitals should continue to support these efforts, as well as find opportunities to partner with local organizations such as HOSA-Future Health Professionals to help build a workforce pipeline, as well as expose younger secondary and post-secondary students to careers in health care.

Another program which emerged from the California Community Colleges Economic and Workforce Development Division is the Health and Science Pipeline Initiative (HASPI) and Ambulatory Care Specialty Training to build interest in health care careers. HASPI is a grant-funded program, developed in San Diego that works with the entire educational spectrum (K-16) to increase health and medical career awareness, improve science proficiency in all educational levels, and partner to strengthen the transition to post-secondary programs with the goal of improving retention rates.[13] Such programs, now disseminated throughout the state, increase the odds of students becoming interested in health care careers, and also equip students with skills and education through supplemental curriculum modules that elevate interest and lesson plans with the competencies and skills needed to transition to a post-secondary program in health care sciences.

Hospitals have an opportunity to advocate for continued funding of these programs which should enable them to build relationships with prospective employees.[14] In order to capitalize on this opportunity, hospitals need to generate creative options in developing, supporting and partnering with programs or schools that offer post-secondary options for technical degrees, associate degrees and certifications – all of which should help to fill the gap in positions that currently exist, and will continue to exist in the future.

Specialty Nursing Experience Gap

The experience gap is of special concern in the specialty nursing area. Currently, RN curriculum does not adequately train staff to be "floor ready" upon graduation for specialty nursing areas such as critical care, operating room, labor and delivery, etc. Most RN pre-licensure programs across the country prepare RNs as "generalists," with knowledge and competencies in each of five main areas: medical surgical, obstetrics, pediatrics, mental health and community health (BSN & MSN programs only). These graduates are typically "floor ready" as novices in these areas, practicing for the first time as an RN. Post-licensure, post-graduate residences that may include dedicated time learning specialty practices (like oncology, critical care, home health and primary care) are essential to RN development.

There is a window of time where RNs must learn specialty knowledge and bedside skills to be fully prepared to provide

[13] The health and science pipeline initiative: our vision. The Health and Science Pipeline Initiative. www.haspi.org/about.html.

[14] Economics and workforce development program – annual report. California Community Colleges. 2017.

care in these areas. In the specialty nursing areas, hospitals are feeling the weight of the shortage in turnover, cost, and operations. There are vacancies in specialty nursing departments, and an abundance of new grad RNs. Hospitals, however, neither have the time nor resources to leverage and train these new RNs to be prepared to enter specialty areas.

Throughout the country, organizations are getting creative to help bridge this gap. One such program is New York Alliance for Careers in Healthcare's RN Transition to Practice Program. Born out of hospitals needing RNs in specialty areas – and new graduate RNs lacking specialty experience – the program takes licensed, recent-graduate nurses and puts them through a six-month training program with classroom and clinical training where 80 percent of their time is spent doing hands-on clinical training with a preceptor nurse in a partner hospital. According to the organization, the program was created to "bridge the gap between school and real-world situations."[15]

HASC, in partnership with *Health**Impact***, is working to establish academic practice partnerships to develop nursing education courses in seven specialty areas consisting of didactic content and a precepted clinical practicum. (The seven RN specialty areas include perioperative, critical care, emergency department, labor and delivery, neonatal intensive care, care coordination, and case management.) Courses will provide content and immersive clinical education time preparing experienced RNs transitioning to new practice areas, and (senior) nursing students prior to graduation to begin practice in a hospital specialty area(s) following graduation and RN licensure.

Transition to practice programs like these are already popping up in California. Over the past few years, 25 nursing schools have provided transition-to-practice courses for newly-licensed RNs in partnership with hospitals. Implementation of these programs, while already widespread, has been limited by funding.

Another mechanism to meet this need is using RN residency programs for new grad nurses. These programs provide a comprehensive approach to transition from the classroom into areas of specialty practice. These programs include onboarding to the hospital and culture, customer service training, extended classroom training in specialty areas, extended precepting and onboarding efforts. Thus far, research has proven the efficacy of such programs in reducing turnover in new nurses, as well as increasing their skill level in specialty areas.[16]

The California *New Graduate RN Employment Survey 2015-2016,* compiled by *Health**Impact***, shows that 48 percent of newly-licensed RNs completed "some type of new grad program."[17] The length and quality of such programs vary and there is need for improvement. One of the *IOM Future of Nursing Report* (2010) recommendations is for all newly-licensed RNs to participate in a transition-to-practice program and for all RNs in practice to complete a transition-to-practice program when moving to a new specialty area. Evidence indicates these are needed and essential to practice.

Some hospitals have become even more creative with their residency programs. At the Cleveland Clinic in Ohio, salaries are scaled within residency programs to ensure that residents enrolled in RN residency programs move to a full RN salary when they reach the designated level of competency needed for their roles.[18] HASC region hospitals can

[15] New York Alliance for Careers in Healthcare. RN transition to practice program as a model for bridging the education and practice gap. New York Alliance for Careers in Healthcare. 2016 April 6. http://nyachnyc.org/rn-transition-to-practice-program-as-a-model-for-bridging-the-education-and-practice-gap/.

[16] Harrison D, Ledbetter C. Nurse residency programs: outcome comparisons to best practices. Journal for Nurses in Professional Development. 2014; Mar-Apr; 30(2):76-82.

[17] New graduate RN employment survey 2015-2016. HealthImpact, 2017 Jan. https://healthimpact.org/publication/new-graduate-rn-employment-survey-2015-2016/.

[18] Stringer H. Building the case for nurse residencies. Nurse.com. 2015 May 19. www.nurse.com/blog/2015/05/19/building-the-case-for-nurse-residencies/.

look to other organizations for best practices and options, but should strongly consider the use of creative options such as these to bridge the gap between school and patient care.

In addition, nurse managers and HR managers could partner to address another educational gap – RNs returning to school to further their education. This path may help address the experience and knowledge gap in specialty nursing, but it also adds an operational burden. Nurses returning to school for advanced education is a trend that will continue and is expected to increase. It will result in turnover when the organization is unable or unwilling to accommodate a change in flexible scheduling (the No. 1 reason) or a modified schedule that may need to change based on academic semesters and course schedules. This is an area employers could address with the aim of retaining nurses who are advancing their education.

Strategic Workforce Planning

When asked about workforce planning, most health care organizations state a commitment to strategic workforce planning, but the reality is that current approaches are tactical ways to address headcount and current state analytics instead of true strategic workforce planning. It's time to move from workforce planning as glorified "recruiting efforts" to informed, long-term, management-supported strategies in an organization.

According to the results of this study, much of health care recruitment and workforce management has been thought about functionally – simply fill openings as they arise. It often appears that forward thinking lunges ahead only for one budget cycle. Mindful of this, operational planning for the workforce must move past functional planning into tactical, transactional and strategic planning of the workforce beyond the next fiscal year, looking forward three to five years.

Moving from reactive to a proactive, holistic and strategic approach means that hospitals must set aside resources to make this a priority for leaders. In the 2017 survey this report is based on, most organizations reported the biggest barriers to proactive workforce planning were a lack of funding, staff and resources to collect data, analyze and forecast long and short-term trends. Hospitals committed to tackling these issues must invest to ensure workforce planning can be tackled effectively. This means hiring strategic, business-minded HR personnel to manage the process, ensuring staff are available to do the work, and using data-driven approaches that focus on long-term needs, not just six to 12 months out.

In addition, building strong relationships between HR, hiring managers and practice leaders to address shared workforce efforts and mutual goals is critically important. Strategic workforce planning must integrate leaders who are business-minded and quality-focused. These efforts should work to develop effective processes that involve practice leaders and HR leaders working together. A perspective that sees recruitment as broader than candidate sourcing and current vacancies, but also includes outreach to schools, professional groups and peers to improve outcomes.

To quantify the cost of inaction in strategic workforce planning, one only needs to look at nursing. According to a 2016 report, 67 percent of hospitals are responding to nursing shortages with contract employees.[19] The report estimates the average hospital is spending approximately $3 million a year on travel nurses alone. In addition, health care turnover rates are on the rise, accounting for 12 percent of all U.S. turnover – at a cost of $61 billion annually.[20]

HASC surveys back these trends. Strategic workforce planning can reduce dependence on contract workers, reduce turnover and allow for the best use of staff within

[19] 2016 healthcare staffing survey report. Nursing Solutions, Inc. 2016 March 23. www.nsinursingsolutions.com/Files/assets/library/workforce/Healthcare%20Staffing%20Survey%20Report%20-%202016.pdf.

[20] Sears L. 2017 retention report: trends, reasons & recommendations – healthcare supplemental report. Work Institute. http://info.workinstitute.com/healthcareretentionreport.

an organization. In the face of these skyrocketing expenses, hospitals should stop asking **how can they afford to address the issue,** and instead ask **how can they afford not to put efforts and resources into a workforce plan.**

To jumpstart this process, hospitals should put aside time and resources to analyze what is driving turnover and vacancies, explore current costs resulting from it, and invest in change to reduce these costs.

CONCLUSION

Each day, publications, data, and innovative solutions become available and should be included in the workforce development conversation. One example is the need to adjust the scope of practice for certain roles such as medical laboratory technicians to assist with the clinical laboratory scientist shortage, as well as doing a deeper dive into the shortage of behavioral health professionals.

The impact of shortages in many occupational areas, as well as projected growth in America's health care economy prove that it's time for hospital leaders to move past business as usual towards creative solutions. It's time for hospital leaders and HR managers to be proactive by allocating the necessary funds and time to develop creative partnerships that will increase the number of skilled workers.

As the data shows, it's time for the professional community to come together and address the workforce problem while it is still manageable – and to ensure the future of quality patient care.

ACKNOWLEDGEMENTS

The development of this white paper benefitted greatly from the input of the individuals listed below. We appreciate their research, thoughtful comments and professional knowledge. We would like to give special thanks to each of them for sharing their time and expertise with us.

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March 1, 2018

TO: CHA Workforce Committee

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: 2018 Workforce Committee Work Plan Review

I. ACTION REQUESTED

Approve amended 2018 work plan.

II. SUMMARY AND BACKGROUND

During this segment, members will review the revised 2018 work plan and discuss the CHA public advocacy campaign focusing on health workforce.

CHA Workforce Committee
2018 DRAFT Priorities

Purpose: The purpose of the CHA Workforce Committee is to lead a statewide, coordinated effort to develop, support and implement strategic solutions to address the shortage of allied health professionals and to emphasize the critical role of health workforce planning and development in helping hospitals to achieve the triple-aim.

Goals (What)	Actions/Activities Related to Goals	Timeline
Strategic Goal 1 – Effective External Advocacy: Increased policy maker and public awareness, knowledge and action on allied health and other workforce shortages, as well as increased attention on graduate medical education funding and capacity issues.	• Support legislative proposals that address health workforce shortages. (take positions on legislation, testify in informational and policy committees, etc.) Oppose bills that would harm workforce development. • Develop a proactive public/digital campaign to communicate what hospitals are doing to improve health workforce diversity and to train Californians for good jobs in healthcare. • Participate in California Future Health Workforce Commission Technical Advisory Committee and sub-committees.	Ongoing February 2018 Ongoing
Strategic Goal 2 – Address hard to fill occupational needs through legislation, regulatory reform or other collaborative efforts with education and the state: Ensure health workforce education and training strategies in California are aligned with employer occupational and skill demands. Ensure that allied health professionals can practice at the top of their training. Pursue new categories of certification where needed, such as in behavioral health.	• Provide content support for the passage of an MLT workforce modernization bill that would allow MLTs to perform high-volume, moderately complex task for which they are trained and which are allowable under federal law in order to address the laboratory workforce shortage and improve lab efficiencies. • Support the recommendations developed by the Leading the Way Coalition with regard to behavioral health workforce. • Through sharing of best practices, identify innovative strategies that address the demand for physical therapists in the state. Develop a strategy for dissemination of these practices.	January – September 2018 February – September 2018
Strategic Goal 3 –Internal Advocacy and Alignment: Identify how organizations can align strategies across departments internally so that health care executives and hospital administrators know and understand the critical role that health workforce planning and development can play as part of a comprehensive business strategy.	• Continue internal messaging about the importance of integrating workforce planning and development into the strategic operations of the organization. • Develop internal advocacy document on the importance of training (providing clinical slots). Start with lab in 2018.	Ongoing July 2018
Strategic Goal 4 – Data Collection: Enhance data collection efforts to improve timeliness and validity of data regarding health workforce shortages.	• Collect data on hospital workforce efforts/investments for public advocacy campaign.	January – June 2018

CALIFORNIA HOSPITAL ASSOCIATION

Providing Leadership in Health Policy and Advocacy

March 1, 2018

TO: CHA Workforce Committee

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: 2017-18 Legislative Session Update – Workforce and Education Bills

I. ACTION REQUESTED

None. Discussion Item.

II. SUMMARY AND BACKGROUND

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

Legislative Update: Workforce Bills – 2018

AB 2143 (Caballero)	**Registered Nurse and Physician Assistance Loan Forgiveness for Mental Health Specialties**: Existing law establishes the Licensed Mental Health Service Provider Education Program within the Health Professions Education Foundation. Existing law authorizes a licensed mental health service provider, as defined, including, among others, a psychologist and a marriage and family therapist, who provides direct patient care in a publicly funded facility or a mental health professional shortage area to apply for grants under the program to reimburse his or her educational loans related to a career as a licensed mental health service provider, as specified. Existing law establishes the Mental Health Practitioner Education Fund in the State Treasury and provides that moneys in that fund are available, upon appropriation, for expenditure by the Office of Statewide Health Planning and Development for purposes of the program. This bill would add physician assistants who specialize in mental health services and psychiatric-mental health nurse practitioners to those licensed mental health service providers eligible for grants under the program. **CHA Position: Follow, Hot**	Introduced: 2/12/18
AB 2202 (Gray)	**University of California, Merced, Medical School:** This bill would appropriate an unspecified sum of moneys from the General Fund to the Regents of the University of California each fiscal year, commencing with the 2018–19 fiscal year, for the creation, construction, and establishment of the University of California, Merced School of Medicine. **CHA Position: Follow**	Introduced: 2/12/18
AB 2281 (Irwin)	**Medical Laboratory Workforce Modernization:** Existing law provides for the licensure, registration, and regulation of clinical laboratories and various clinical laboratory personnel by the State Department of Public Health. Existing law requires a medical laboratory technician to be licensed by the department, sets forth the duties that a licensed medical laboratory technician is authorized to perform, and prohibits a licensed medical laboratory technician from performing microscopic analysis or immunohematology procedures. This bill would exempt from that prohibition blood smear reviews, microscopic urinalysis, and blood typing of moderate complexity. **CHA Position: Support**	Introduced: 2/13/18
AB 2539 (Mathis)	**Steve Thompson Loan Repayment Program:** Existing law establishes the Steven M. Thompson Physician Corps Loan Repayment Program (program) in the California Physician Corps Program within the Health Professions Education Foundation, which provides financial incentives, including repayment of educational loans, to a physician and surgeon who practices in a medically underserved area, as defined. This bill would reduce until January 1, 2021, and only for program participants who enroll in the program on or after January 1, 2019, and before January 1, 2021, that the clinic or the physician owned and operated medical practice setting have at least 30% of patients (instead of 50%), if the area is a rural area, as defined, or at least 50% of patients, if the area is not a rural area, who are from the above-described populations. The bill would require the foundation to prepare a study to determine the effect that the revised definition has on funding for loan repayment granted under the program during the calendar years 2019 and 2020. **CHA Position: Pending Review**	Introduced: 2/14/18

Revised: February 23, 2018

AB 2759 (Santiago)	**<u>Baccalaureate versus Associate Degree Nursing training and employment</u>**: Would prohibit clinics and health facilities that receive public funds from excluding students enrolled in an approved public community college associate degree pre-licensure nursing program from clinical placement. Would also prohibit clinics and health facilities from discriminating against a person (in employment, compensation or other means) because he or she has an associate degree in nursing instead of a baccalaureate degree. **CHA Position: Oppose**	Introduced: 2/16/18
SB 906 (Beall and Anderson)	**<u>Peer Specialist Certification:</u>** This bill would require the State Department of Health Care Services to establish, no later than July 1, 2019, a statewide peer, parent, transition-age, and family support specialist certification program, as a part of the state's comprehensive mental health and substance use disorder delivery system and the Medi-Cal program. The bill would include 4 certification categories: adult peer support specialists, transition-age youth peer support specialists, family peer support specialists, and parent peer support specialists. **CHA Position: Follow, Hot**	Introduced: 1/17/18
SB 1373 (Stone)	**<u>Pharmacist Ratios:</u>** This bill would require a general acute care hospital licensed by the department to employ, at a minimum, one full-time pharmacist for every 100 licensed beds, and for additional licensed beds, employ additional pharmacists on a pro rata basis. The bill would require a general acute care hospital that is licensed for less than 100 beds to employ one pharmacist on at least a part-time basis. **CHA Position: Oppose**	Introduced: 2/16/18

March 1, 2018

TO: CHA Workforce Committee

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: California Chapter of Health Occupations Students of America

I. ACTION REQUESTED

Identify ways in which CHA and member hospitals can raise the visibility of Cal-HOSA and help them be more competitive for state funding.

II. SUMMARY AND BACKGROUND

As you know, CHA has a long-standing partnership with the California chapter of Health Occupations Students of America (Cal-HOSA). Last year, Cal-HOSA, along with other career technical organizations, faced some significant obstacles in the state budget. Thanks to a tremendous advocacy effort, funding was restored in the final 2017-18 budget.

Cal-HOSA's mission is critical to developing the next generation of diverse health care leaders and the state leadership conference is where the students demonstrate their knowledge and leadership skills. Partnerships with industry representatives is what makes Cal-HOSA work effectively and strengthening these partnerships will be what helps keep Cal-HOSA off the cutting room floor in future budget negotiations.

Recently, CHA staff met with Cindy Beck and Donna Wyatt of the California Department of Education (CDE) to discuss the stagnant support for Cal-HOSA and the fact that it lives in the shadow of other career technical organizations, such as Future Farmers of America, or FFA. CDE and CHA agreed to begin brainstorming ways in which industry can begin to become champions for this important organization. In addition to participating as judges at events, we envision incorporating Cal-HOSA students and their hospital partners in our public advocacy efforts on health workforce. There may be other ways this committee can support Cal-HOSA as well. This segment of the agenda is intended for gathering ideas that can promote and support Cal-HOSA and its students in the coming years.

March 1, 2018

TO: CHA Workforce Committee

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: Leaves of Absence Joint Sub-Committee

I. ACTION REQUESTED

If you are interested in joining the Joint Leaves of Absence Sub-Committee please contact Cathy Martin or Michele Coughlin.

II. SUMMARY AND BACKGROUND

At the September 17 joint meeting of the HR and Workforce Committees, it was determined that CHA should form a sub-committee dedicated to the issues surrounding leaves of absence. Since then, a joint sub-committee has been established and has met twice. Discussions on prioritization of the objectives have led to the identification of three critical areas of initial focus:

1. Collecting and disseminating examples of "best practices" on:
    a. Managing intermittent leaves
    b. Taking time off
    c. Working with physicians to educate as to their role with respect to leaves
2. Developing internal training materials. Members are sharing and a comprehensive guide will be developed and posted on CHA's website.
3. A self-assessment tool for evaluating the pros and cons of outsourcing some or all of the function or retaining some or all of the leave-related functions

Gail Blanchard Saiger and Cathy Martin will be working on the training materials and self-assessment tool in the first and second quarter of this year. All materials developed will be accessible to members via CHA's website.

CALIFORNIA HOSPITAL ASSOCIATION

Providing Leadership in Health Policy and Advocacy

March 1, 2018

TO: CHA Workforce Committee

FROM: Cathy Martin, Vice President, Workforce Policy

SUBJECT: CHA Political Action Committee

I. ACTION REQUESTED

Please consider contributing 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.

CHPAC-FED
CALIFORNIA HOSPITAL ASSOCIATION
Political Action Committee

QUALITY HEALTH CARE FOR CALIFORNIANS

2018 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:

_____

➢ Name of CHA Center, Committee or Workgroup to receive credit:

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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.

➢ Please give recognition to my Professional Organization:

☐ ACNL ☐ CSHE ☐ Volunteers

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

CALIFORNIA HOSPITAL ASSOCIATION
Providing Leadership in Health Policy and Advocacy

CHA Workforce Committee

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 26, 2018
10:00 am - 11:30 am
800-882-3610 PIN: 6506506#

IN PERSON MEETING - JOINT MEETING OF THE WORKFORCE & HR COMMITTEES
THURSDAY, MAY 17, 2018
10 AM - 2:30 PM
Shriners Hospital for Children
2425 Stockton Blvd, 7th floor Board Room
Sacramento
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#