CALL TO ORDER

Public Comments

Information Item(s)

Approval: Minutes * from Wednesday, December 17, 2014 HR Board Meeting

HR Quarterly Update

Leadership Development Update

Member Comments (If any)

ADJOURNMENT

Time  Page  Target
6:00
6:01
6:03
6:23
7:03
7:03

Board HR Committee Members

Linda Greer - Chairperson
Dara Czerwonka
Hans Christian Sison
Raymond McCune – 1st Alternate

*Asterisks indicate anticipated action; action is not limited to those designated items.

NOTE: If you have a disability, please notify us 72 hours prior to the event so that we may provide reasonable accommodations.
TO: Human Resources Committee

MEETING DATE: January 20, 2015

FROM: Linda Greer, Chairperson

BACKGROUND: The Secretary of the Human Resources Committee respectfully submits the minutes of the Human Resources Committee meeting held on December 17, 2014.

BUDGET IMPACT: N/A

STAFF RECOMMENDATION: N/A

COMMITTEE QUESTIONS: N/A

COMMITTEE RECOMMENDATION:

Motion: X
Individual Action:
Information:
Required Time:
## CALL TO ORDER

6:03 p.m. by Linda Greer

## ATTENDANCE

In attendance were:
Linda Greer, Dara Czerwonka, Hans Christian Sison, Raymond McCune, Bob Hemker, Brenda Turner, Jodi Mansfield, Denise Baker

Guests: Susan Gray, Sherri Hogle, Leslie Solomon, Pooja Wadhwa

## NOTICE OF MEETING

The notice of meeting was posted consistent with legal requirements.

## PUBLIC COMMENTS

No public comments were presented.

## INFORMATION ITEMS

No information items were presented.

## MINUTES

On a motion by Hans Christian Sison, seconded by Dara Czerwonka, the board approved the September 17, 2014 meeting minutes.

Pooja Wadhwa, New Media recruitment Specialist presented an overview of the various online tools, templates and banners used to draw online applicants. These online tools include everything from job postings; email marketing campaigns and social/professional networking media sites to pay per click advertising such as Facebook ads. Palomar uses Facebook, LinkedIn, Monster, CareerBuilder, specialized professional magazines and also hosts both virtual and live career fairs. Regardless of the tool being clicked, all paths lead to the career pages on PalomarHealth.org.

Pooja also explained the analytics behind Palomar’s various online campaigns and how they are relevant to our business. We use three avenues to gauge our online advertising ROI:

- Google Analytics Reports
- Position Manager Reports
- Vendor Reports

Because of these analytics, the recruiting team is able to assess the most cost effective methods of recruiting. This quickly allows us to gauge where our money is best spent. It also allows us to negotiate better advertising bundles.
<table>
<thead>
<tr>
<th>AGENDA ITEM</th>
<th>DISCUSSION</th>
<th>CONCLUSION / ACTION</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislative Updates</td>
<td>Several legislative updates were shared at the meeting including:</td>
<td></td>
<td>Dara Czerwonka requested updates on legislative issues throughout the year.</td>
</tr>
<tr>
<td><strong>SB 455 – Patient Classification</strong></td>
<td>Requires 50% patient classification committee members be staff RNs appointed by Collective Bargaining Representative. Requires CDPH to include in inspections, a review of patient to RN ratios.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SB 1299 – Violence in the Workplace</strong></td>
<td>Must include outpatient and clinics under hospital’s license. System to access and improve security systems, equipment and facilities. Requires training for all health care workers who provide direct patient care. Must be developed with staff and union input. CAL OSHA must adopt by July 1, 2016.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AB 1443 – Harassment of Interns</strong></td>
<td>Discrimination against unpaid interns constitutes unlawful employment. PH to review intern orientation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SB 556 – Badges/Logos</strong></td>
<td>Prohibits public agency from requiring non employees to wear a badge/uniform with agency logo. Amended to apply only to emergency services. Still working on clarification.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SB 1522 – Paid Sick Leave</strong></td>
<td>Requires employers to provide sick leave to employees working more than 30 days per year. Accrual of no less than 1 hour per every 30 hours worked. Accrual may start at date of hire (clarification needed). Available for use after 90 days. May allow up to 24 hours or 3 days to be taken per year. May use for own illness or that of family member.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

with the venues that provide the larger RIOs, such as LinkedIn or Indeed.
### AGENDA ITEM

- Accrued hours can carry over but not paid upon employment termination
- Effective July 1, 2015
- CHA intends to seek amendments prior to effective date

### DISCUSSION

**Affordable Care Act**

Mandates require offering health coverage to employees working 30+ hours/week on average and their dependents or pay a penalty. As of 11/1/2014, Palomar is offering benefits to 90.3% of employees working 30+hours/week on average. Law mandates that:

- 1/1/2051 -- employers must offer to 70%
- 1/1/2016 – employers must offer to 95%

Noncompliance subjects Palomar to penalties approximating $6.4M. Alternatively, Palomar must offer benefits to all Per Diems working 30+ hours/week over 12 month look back period. Current exposure would be 319 per diems *$11,300 for an employer benefit cost of $3.6M.

Palomar’s goal is to achieve compliance of 95% at 1/1/2016 by:

- Scheduling per diems to work fewer than 30 hours per week/average
- Schedule part time II & full time staff to work their committed hours
- Assess staffing requirements to determine if adjustments are needed
- Hire additional per diems to cover fluctuating needs

Reporting criteria for the Affordable Care Act requires Palomar Health to mail statements to employees by February 1, 2016 and to the IRS by February 28, 2016. The statement will list minimum essential coverage for the participant for the 2015 calendar year.

Updates will be provided throughout the year as necessary as clarification becomes available on these new laws.

### CONCLUSION / ACTION

None noted.

### FINAL ADJOURNMENT

With no further business to come before the Board, the meeting was adjourned at 7:03 p.m. by Linda Greer
SIGNATURES

- Committee Chairperson
  _______________________
  Linda Greer

- Committee Secretary
  _______________________
  Denise Baker
INFORMATIONAL: QUARTERLY HR REPORT

TO: Human Resources Committee

MEETING DATE: January 20, 2015

FROM: Brenda Turner, Chief Human Resources Officer

BACKGROUND: The quarterly report represents key measures in four categories. These four categories are reflective of the various components of workforce planning. Each of the categories (Get Them, Keep Them, Grow Them and Support Them) have 3-4 key metrics to be used as benchmarks. Those benchmarks with quarterly updates will be presented.

BUDGET IMPACT: N/A

STAFF RECOMMENDATION: N/A

COMMITTEE QUESTIONS: N/A

COMMITTEE RECOMMENDATION:

Motion:
Individual Action:
Information: X
Required Time:
HR METRICS

January 2015
KEY INITIATIVE FOCUS

- Get Them
- Keep Them
- Grow Them
- Support Them
GET THEM
Number of Applications

Reported by Calendar Year Annually

* Includes All Employee Status*

<table>
<thead>
<tr>
<th>Year</th>
<th>RN</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>2,428</td>
<td>15,946</td>
</tr>
<tr>
<td>2007</td>
<td>3,684</td>
<td>21,337</td>
</tr>
<tr>
<td>2008</td>
<td>4,271</td>
<td>22,085</td>
</tr>
<tr>
<td>2009</td>
<td>4,433</td>
<td>24,298</td>
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<tr>
<td>2010</td>
<td>5,602</td>
<td>30,546</td>
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<tr>
<td>2011</td>
<td>6,854</td>
<td>27,661</td>
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<tr>
<td>2012</td>
<td>10,104</td>
<td>43,233</td>
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<tr>
<td>2013</td>
<td>5,817</td>
<td>23,990</td>
</tr>
<tr>
<td>2014</td>
<td>7,735</td>
<td>30,055</td>
</tr>
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</table>
Number of New Hires
Reported by Calendar Year Annually

* Includes All Employee Status

<table>
<thead>
<tr>
<th>Year</th>
<th>RN</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>240</td>
<td>721</td>
</tr>
<tr>
<td>2007</td>
<td>254</td>
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<td>2009</td>
<td>198</td>
<td>580</td>
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<tr>
<td>2010</td>
<td>161</td>
<td>596</td>
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<tr>
<td>2011</td>
<td>215</td>
<td>602</td>
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<tr>
<td>2012</td>
<td>302</td>
<td>971</td>
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<tr>
<td>2013</td>
<td>237</td>
<td>576</td>
</tr>
<tr>
<td>2014</td>
<td>249</td>
<td>745</td>
</tr>
</tbody>
</table>
Days to Fill Open Positions
Reported by Calendar Year Annually

* Includes All Status Requisitions
KEEP THEM
### Turnover for PPH All vs. CHA SoCal

#### Annualized Turnover

<table>
<thead>
<tr>
<th>Turnover</th>
<th>PPH All</th>
<th>CHA All SoCal</th>
<th>PPH All</th>
<th>CHA All SoCal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qtr 1 FY12</td>
<td>3.86%</td>
<td>2.60%</td>
<td>9.63%</td>
<td>9.30%</td>
</tr>
<tr>
<td>Qtr 2 FY12</td>
<td>1.91%</td>
<td>2.02%</td>
<td>9.36%</td>
<td>9.12%</td>
</tr>
<tr>
<td>Qtr 3 FY12</td>
<td>1.95%</td>
<td>2.10%</td>
<td>9.43%</td>
<td>8.92%</td>
</tr>
<tr>
<td>Qtr 4 FY12</td>
<td>2.80%</td>
<td>2.40%</td>
<td>10.52%</td>
<td>9.12%</td>
</tr>
<tr>
<td>Qtr 1 FY13</td>
<td>2.82%</td>
<td>3.00%</td>
<td>9.48%</td>
<td>9.52%</td>
</tr>
<tr>
<td>Qtr 2 FY13</td>
<td>1.63%</td>
<td>2.60%</td>
<td>9.20%</td>
<td>10.10%</td>
</tr>
<tr>
<td>Qtr 3 FY13</td>
<td>2.21%</td>
<td>2.40%</td>
<td>9.46%</td>
<td>10.40%</td>
</tr>
<tr>
<td>Qtr 4 FY13</td>
<td>3.87%</td>
<td>2.90%</td>
<td>10.53%</td>
<td>10.90%</td>
</tr>
<tr>
<td>Qtr 1 FY14</td>
<td>9.10%</td>
<td>2.70%</td>
<td>16.81%</td>
<td>10.60%</td>
</tr>
<tr>
<td>Qtr 2 FY14</td>
<td>3.50%</td>
<td>2.20%</td>
<td>18.68%</td>
<td>10.20%</td>
</tr>
<tr>
<td>Qtr 3 FY14</td>
<td>1.51%</td>
<td>2.10%</td>
<td>17.98%</td>
<td>9.90%</td>
</tr>
<tr>
<td>Qtr 4 FY14</td>
<td>2.90%</td>
<td>2.60%</td>
<td>17.01%</td>
<td>9.60%</td>
</tr>
<tr>
<td>Qtr 1 FY15</td>
<td>3.60%</td>
<td>2.80%</td>
<td>11.51%</td>
<td>9.70%</td>
</tr>
<tr>
<td>Qtr 2 FY15</td>
<td>1.60%</td>
<td>9.61%</td>
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<td></td>
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</tbody>
</table>

* Excludes Per Diem Status
* Rolling 12 Months Reported Quarterly
* Includes Voluntary, Involuntary and Layoffs
Turnover for PPH RN vs. CHA SoCal

Annualized Turnover Rates
PPH RN (Direct Patient Care) vs. CHA SoCal

<table>
<thead>
<tr>
<th>Turnover</th>
<th>PPH RN</th>
<th>CHA RN SoCal</th>
<th>PPH All RN</th>
<th>CHA All RN SoCal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qtr 1 FY12</td>
<td>1.91%</td>
<td>2.40%</td>
<td>8.79%</td>
<td>8.60%</td>
</tr>
<tr>
<td>Qtr 2 FY12</td>
<td>2.32%</td>
<td>2.02%</td>
<td>9.23%</td>
<td>8.32%</td>
</tr>
<tr>
<td>Qtr 3 FY12</td>
<td>2.12%</td>
<td>2.00%</td>
<td>8.70%</td>
<td>8.52%</td>
</tr>
<tr>
<td>Qtr 4 FY12</td>
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<td>2.20%</td>
<td>8.46%</td>
<td>8.62%</td>
</tr>
<tr>
<td>Qtr 1 FY13</td>
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<td>8.25%</td>
<td>9.12%</td>
</tr>
<tr>
<td>Qtr 2 FY13</td>
<td>1.65%</td>
<td>2.40%</td>
<td>7.58%</td>
<td>9.50%</td>
</tr>
<tr>
<td>Qtr 3 FY13</td>
<td>1.33%</td>
<td>2.30%</td>
<td>6.79%</td>
<td>9.80%</td>
</tr>
<tr>
<td>Qtr 4 FY13</td>
<td>3.81%</td>
<td>2.50%</td>
<td>8.49%</td>
<td>10.10%</td>
</tr>
<tr>
<td>Qtr 1 FY14</td>
<td>4.34%</td>
<td>2.50%</td>
<td>11.13%</td>
<td>9.70%</td>
</tr>
<tr>
<td>Qtr 2 FY14</td>
<td>2.40%</td>
<td>2.20%</td>
<td>11.88%</td>
<td>9.50%</td>
</tr>
<tr>
<td>Qtr 3 FY14</td>
<td>1.71%</td>
<td>2.10%</td>
<td>12.26%</td>
<td>9.30%</td>
</tr>
<tr>
<td>Qtr 4 FY14</td>
<td>2.80%</td>
<td>2.30%</td>
<td>11.25%</td>
<td>9.10%</td>
</tr>
<tr>
<td>Qtr 1 FY15</td>
<td>3.90%</td>
<td>2.60%</td>
<td>10.81%</td>
<td>9.20%</td>
</tr>
<tr>
<td>Qtr 2 FY15</td>
<td>2.27%</td>
<td>10.68%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Excludes Per Diem Status
* Rolling 12 Months Reported Quarterly
* Includes Voluntary, Involuntary and Layoffs
Retention

* Excludes Per Diem Status
Hires Retained for 24-months with a HIGH Performance Rating

Bi-Annual 12 Month Period

* Excludes Per Diem Status
Hires Terminated within 24-months with a LOW Performance Rating

Bi-Annual 12 Month Period

* Excludes Per Diem Status
# Terminated Employees by Reason


* Excludes Per Diem Status

<table>
<thead>
<tr>
<th>Year</th>
<th>Absenteeism</th>
<th>Failed Intro</th>
<th>Layoff/Pos. Elim</th>
<th>Non-Perf Related</th>
<th>Perf/Conduct</th>
<th>Compens.</th>
<th>Hrs/Shift/Conditions</th>
<th>Job Abandonment</th>
<th>LOA Related</th>
<th>Other</th>
<th>Other Job</th>
<th>Personal/Family</th>
<th>Relocation</th>
<th>Retired</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>03</td>
<td>26</td>
<td>13</td>
<td>48</td>
<td>54</td>
<td>10</td>
<td>56</td>
<td>17</td>
<td>05</td>
<td>45</td>
<td>31</td>
<td>88</td>
<td>68</td>
<td>28</td>
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<td>2011</td>
<td>02</td>
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<td>42</td>
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<td>21</td>
<td>09</td>
<td>36</td>
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<td>51</td>
<td>08</td>
<td>03</td>
<td>68</td>
<td>34</td>
<td>81</td>
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<td>13</td>
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<td>03</td>
<td>96</td>
<td>51</td>
<td>84</td>
<td>83</td>
<td>37</td>
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<tr>
<td>2014</td>
<td>04</td>
<td>31</td>
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<td>32</td>
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<td>8</td>
<td>63</td>
<td>10</td>
<td>02</td>
<td>90</td>
<td>59</td>
<td>105</td>
<td>80</td>
<td>32</td>
</tr>
</tbody>
</table>
GROW THEM
Number of Internal Transfers

Reported by Calendar Year Annually

* Includes All Employee Status’
Hours of Education

Reported by Calendar Year Annually

* Includes All Employee Status
SUPPORT THEM
## Press Ganey Employee Partnership Survey

### System Profile

February 2014

*Includes All Employee Status*

<table>
<thead>
<tr>
<th>Name</th>
<th>n</th>
<th>Mean Score</th>
<th>National Rank</th>
<th>Participation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palomar Health</td>
<td>3,116</td>
<td>73.0 **</td>
<td>50th</td>
<td>76.0%</td>
</tr>
<tr>
<td>Palomar Health Villa Pomerado</td>
<td>141</td>
<td>80.2</td>
<td>91st</td>
<td>72.3%</td>
</tr>
<tr>
<td>Clinical Outreach and Corporate Svc</td>
<td>478</td>
<td>79.4</td>
<td>86th</td>
<td>74.5%</td>
</tr>
<tr>
<td>Pomerado Hospital</td>
<td>554</td>
<td>72.4</td>
<td>59th</td>
<td>75.4%</td>
</tr>
<tr>
<td>Palomar Medical Center</td>
<td>1,363</td>
<td>71.1</td>
<td>50th</td>
<td>77.0%</td>
</tr>
<tr>
<td>Palomar Health Downtown Campus</td>
<td>580</td>
<td>71.0</td>
<td>50th</td>
<td>75.8%</td>
</tr>
</tbody>
</table>

**System Score of 73.0 = Decline 3.3 points, for Overall 50th percentile**
Press Ganey Employee Partnership Survey

System Profile

February 2014

- Includes All Employee Status'
Benefits, Payroll and Registry Staff as a Percentage of Operating Costs

Fiscal Year 2012 thru Fiscal Year 2013

PPH FY12

Salaries 46.729%
Benefits 13.096%
Registry 1.250%
All Other 38.925%

Palomar Health FY13

Salaries 45.02%
Benefits 11.85%
Registry 1.86%
All Other 41.27%

HR Metrics Report FY13

Salaries 40.3%
Benefits 13.2%
Registry 0.8%
All Other 45.7%
TO: Human Resources Committee

MEETING DATE: January 20, 2015

FROM: Leslie Solomon, Director of Organizational Development

BACKGROUND: Leadership development is a strategic tool to develop culture and engagement. This presentation will provide information on our comprehensive leadership development program, share leadership turnover, and identify areas of focus for continuing to build our program.

BUDGET IMPACT: N/A

STAFF RECOMMENDATION: N/A

COMMITTEE QUESTIONS: N/A

COMMITTEE RECOMMENDATION:

Motion:
Individual Action:
Information: X
Required Time:
Leadership Development Update
Leadership Development

About Learning
What we do
How we do it
Impact on engagement
Leadership turnover
Key opportunities
Staffing and Productivity
Quality and Patient Experience
Regulations
Goals and Outcomes
Grievances
Behavior Standards
Morale and Engagement
Forgetting Curve: Recency and Drop-Off

**FIGURE 1. The forgetting curve**

The “forgetting curve” was developed by Hermann Ebbinghaus in 1885. Ebbinghaus memorized a series of nonsense syllables and then tested his memory of them at various periods ranging from 20 minutes to 31 days. This simple but landmark research project was the first to demonstrate that there is an exponential loss of memory unless information is reinforced.

Leaders will benefit most from learning that occurs on the job and with interaction from peers, coaches and mentors.
What we do

Get → Grow → Keep

Develop

- On-Board
- Development Plans
- Coaching
- Classroom
- On-the-job
- Assessment and Feedback
New Leader Orientation

- Timekeeping
- Labor productivity
- Staffing
- Coding
- Tools and reports

- Procedures
- Compliance
- Risk Management
- Tools

- Patient satisfaction reporting
- Balanced Scorecard
- Complaints and Grievance

- Recruitment
- Performance Management
- Union Contract
- Compliance
Leadership Development: Supervisory through Manager

Leading in Transitions
- Boot Camp III: Political IQ
- Clear Leadership
- Teambuilding
- Collaborative Impact Planning

Leading Teams
- Individual Coaching
- Group Coaching
- Skill Intensives

Leading Results

Leading Change

Leading Self
- New Leader Orientation
- Boot Camp I: Knowledge IQ
- Boot Camp II: Emotional IQ

Competencies
AAPL: Executive Leadership Competencies

Leading Self
- Role of Physician Leader – AAPL Module 1
- Emotional IQ – AAPL Module 3

Leading Change
- Leading Change: Tribal Leadership – AAPL Module 2

Leading Teams
- Dyad Partnership – AAPL Module 4
- Activation Teams – AAPL Module 6
- Business Improvement Teams – AAPL Capstone Project

Leading Results
- Action Teams – AAPL Module 5
- Leading Performance Accountability – AAPL Module 7
- Leading Strategy and Business Results - AAPL Module 9
2014 Engagement Data:

Perceptions of Direct Management

Mean Score  Percentile Ranking  Percentile Target

- My last performance review helped me improve
- My direct manager communicates effectively
- My direct manager provides coaching to help me achieve my goals
- My direct manager can be trusted
- It is easy to talk to my direct manager about things that go wrong on the job
- My direct manager recognizes my ideas or suggestions for improvement
- My direct manager recognizes my good work
Considerations

• Need “5’s” to keep pace with competitors
• Recognition, Feedback and Coaching are consistent areas needing improvement
• Difficult to assess at first line because of nature of survey (says direct manager, but doesn’t evaluate supervisors)
Quarterly Leadership Turnover

Quarterly Turnover Rates: Supervisor and Above

Leader Turnover
Leadership Turnover

- 3Q 2014 – Present: Time of change in executive leadership and organizational structural changes
- Leadership is a calling – not everyone is cut out for leadership, It’s a tough job
- People can burn-out: Long hours and leaders who value being in the “trenches”
- Managers are squeezed between expectations from the “top” and needs from the “bottom”
Leadership Hiring/Promotion: Supervisory and Above

Leaders hired Annually
External vs Internal

Yearly data from 2006 to 2014 showing the number of leaders hired annually, with separate bars for external and internal hires.
Observations

• Growth in 2013-2013 following move to PMC
• Increased internal promotions
• Potential Skill Gap for internally promoted (development assumes prior leadership experience)
• Management Basics traditionally not offered for internally promoted supervisors in key need areas
Competency Coaching Pilot Process

Month 1
- Orientation to Competency Coaching Process
- 1:1 meeting with Coach – Context of work, team, skills & needs – 1.5 hours
- Participants complete Assessments
- 1:1 w/ Coach – Feedback, Goal setting around skill building

Month 2
- 1:1 w/ Coach
- 3 hour Group Skill building
- 1:1 w/ Coach

Month 3
- 1:1 w/ Coach
- 3 hour Group Skill building
- 1:1 w/ Coach

Month 4
- 1:1 w/ Coach
- 3 hour Group Skill building
- 1:1 w/ Coach
**Evaluation Criteria**

**Pre-post assessment; 1-5 scale**

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>1.</td>
<td>Communicates customer service standards (such as SMILE scripts) to staff.</td>
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<td>2.</td>
<td>Sets clear goals for his/her staff.</td>
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<td>3.</td>
<td>Communicates the reason(s) behind key procedures and practices.</td>
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<td>4.</td>
<td>Rounds on employees to ensure service standards are being met.</td>
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<td>5.</td>
<td>Holds staff accountable.</td>
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<td>6.</td>
<td>Follows through on what he/she says.</td>
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<td>7.</td>
<td>Listens to others.</td>
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<td>8.</td>
<td>Recognizes people for a job well done.</td>
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<td>9.</td>
<td>Provides feedback to staff.</td>
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<td>11.</td>
<td>Delegates to staff when appropriate.</td>
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FY 2015 Key Goals

• Supervisory development for improved engagement in key difficulty areas:
  – Coaching
  – Performance Improvement Plans
  – Transitioning to boss from co-worker
  – Developing and trusting others to perform tasks
  – Resolving team member conflicts

• Physicians and internal leaders as dyad partners business partners (AAPL)
• Continued learning through projects and team efforts
• Continued coaching