BOARD HR COMMITTEE MEETING

Wednesday March 18, 2015
5:30 p.m. (Dinner for Board members & invited guests)
6:00 p.m. Meeting

1st Floor Conference Room
456 E. Grand Avenue, Escondido, CA

* 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.
MOTION: Approval of Minutes

TO: Human Resources Committee

MEETING DATE: March 18, 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 February 18, 2015.

BUDGET IMPACT: N/A

STAFF RECOMMENDATION: N/A

COMMITTEE QUESTIONS: N/A

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time:
<table>
<thead>
<tr>
<th>AGENDA ITEM</th>
<th>DISCUSSION</th>
<th>CONCLUSION / ACTION</th>
<th>FOLLOW-UP</th>
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</thead>
<tbody>
<tr>
<td>CALL TO ORDER</td>
<td>6:03 p.m. by Linda Greer</td>
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<td>ATTENDANCE</td>
<td>In attendance were:</td>
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<td></td>
<td>Linda Greer, Dara Czerwonka, Raymond McCune, Bob Hemker, Brenda Turner, Denise Baker</td>
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<td>Guests: Leslie Solomon, Erik Fernandez-Olsen</td>
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<td>NOTICE OF MEETING</td>
<td>The notice of meeting was posted consistent with legal requirements.</td>
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<tr>
<td>PUBLIC COMMENTS</td>
<td>No public comments were presented.</td>
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<td>INFORMATION ITEMS</td>
<td>No information items were presented.</td>
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<td>MINUTES</td>
<td>On a motion by Dara Czerwonka, seconded by Ray McCune, the Board approved the February 18, 2015 meeting minutes.</td>
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<td>HR Board Responsibilities</td>
<td>Brenda Turner presented the Lucidoc Board Responsibilities #26952, Section III G 1-2, Board Human Resources Committee which outlined member responsibilities and requirements. Dara Czerwonka recommended a change in the verbiage to reflect the responsibilities as a collective effort rather than individual effort. The requested change is redlined in the sections listed below:</td>
<td>Redlined policy will go to Board Governance for approval</td>
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<td></td>
<td>Section III.A. Text/Standards of Practice: It is the responsibility of the Board Members to collectively develop and ensure the organization’s mission and vision statements are carried out in an effective and ethical manner.</td>
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<td>Section III.E. Human Resources Committee: It is the responsibility of the Board Members to collectively help develop a workforce environment that effectively translates the District’s mission and vision into reality on a daily basis.</td>
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<td>Further, one additional change was recommended to the policy as redlined below:</td>
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<td>Section III E. 2.b Knowledge of Interest in compensation and benefit programs, relations, education, and development of staff, labor workforce complexities</td>
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<td>AGENDA ITEM</td>
<td>DISCUSSION</td>
<td>CONCLUSION / ACTION</td>
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<td>and issues is helpful.</td>
<td>Dara motioned to send the revisions to Board Governance for approval. Ray McCune seconded the motion.</td>
<td>Redlined policy will go to Board Governance for approval</td>
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<td>Equal Employment Opportunity Policy</td>
<td>Brenda Turner presented Policy #10586, Equal Employment Opportunity, which outlines Palomar Health’s support of equal employment opportunities and nondiscrimination in all aspects of employment. Minor Cosmetic revisions to the policy were recommended for Section I: Texts/Standards of Practice, as noted below: 1) Replace all uses of “PPH” with “Palomar Health”; and 2) Replace Chief Human Resources Officer with Executive Vice President, Human Resources Dara motioned to send the revisions to Board Governance for approval. Ray McCune seconded the motion.</td>
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<td>HR Metrics Update</td>
<td>Brenda Turner provided the Board with an update our annual metrics. HR metrics are divided into four different categories: Get them, Keep Them, Grow Them and Support Them.  • <strong>Get Them:</strong> The total number of applications received is up. A total of 30,055 were received in 2014 versus 23,990 for 2013. The number of new hires continues to steadily increase as well.  • <strong>Keep Them:</strong> Our RN turnover rate of 10.68% is running slightly higher than our benchmark while overall turnover at 9.61% is running slightly better than our benchmark.  • <strong>Grow Them:</strong> In 2014, we had 1,379 non-RN and 585 RN promotions/transfers. Additionally, we provided 113,810 hours of education.  • <strong>Support Them:</strong> Overall, in 2014 Palomar Health had a mean score of 73.0 on the PPH Employee Partnership scores for an overall 50th percentile ranking. The 2015 survey is being launched in March.</td>
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<td>Leadership Development Update</td>
<td>Leadership development is a strategic tool to develop culture and engagement. Leslie Solomon, Director of Organizational Development, explained that 70% of learning occurs while on the job, 20% of the learning comes from peers, coaches and others, and 10% comes from formal classroom training. She provided information on Palomar Health’s current leadership</td>
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development program, shared leadership turnover metrics and identified areas of focus for continuing to build our program. Leslie also provided key metrics leadership hiring/promotions and engagement at the supervisory and above level.

For FY15, Organizational Development will focus on:
- Supervisory development for improved engagement key difficulty areas
- Physicians and internal leaders as dyad partners/business partners
- Continued learning through projects and team efforts; and
- Continued coaching

MEMBER COMMENTS (If any) None noted.

FINAL ADJOURNMENT With no further business to come before the Board, the meeting was adjourned at 7:25 p.m. by Linda Greer

SIGNATURES
- Committee Chairperson
  
  ____________________________
  Linda Greer

- Committee Secretary
  
  ____________________________
  Denise Baker
Information: Pipeline Update

TO: Human Resources Board Committee

MEETING DATE: March 18, 2015

FROM: Christi Perdomo, Manager Career Development

Background: We will share department updates surrounding the Pathmaker Internship program. We will also outline the next steps of the internship’s development, with a focus on cultivating a learning environment, developing student leaders, and strategic growth around organizational and industry metrics.

Budget Impact:

Staff Recommendation:

Committee Questions/Suggestions/Requests:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:
How do we prepare the Millennial Generation for the unknown future of healthcare?
Average age of a Palomar Health employee: 45 years old

The Baby Boomer Generation makes up 26% of our current workforce.

Over the next 10-15 years, most will retire, taking with them their KNOWLEDGE and EXPERIENCE.
Over the next 10-15 years, current high school students will be entering the healthcare professions looking for employment.
Setting a New Course in Healthcare
HOW DO WE DO THIS?
We assess applicants for communication, interpersonal skills, and critical thinking skills.
What do they think they want to become?

- Physician: 38%
- Nursing: 29%
- Allied Health: 18%
- Other Health: 8%
- Undecided: 7%
Pathmaker Intern Diversity

- Asian: 44%
- Caucasian: 31%
- Latino: 20%
- Black: 2%
- Pacific Islander: 1.5%
- American Indian: <1%
Average Age of a Palomar Health Employee: 45
Average Age of a Pathmaker Intern: 21.7
4-hour shifts weekly

3-month rotations in each department

Learning objectives and competencies

59 departments

35+ professions
Partnering In Our Community

We have formed a partnership with Del Lago Academy to give high school scholars opportunities for exploration, excitement, engagement, and experience in the healthcare industry.
Information: Paid Sick Leave

TO: Human Resources Committee

MEETING DATE: March 18, 2015

FROM: Sherri Hogle, Director of Benefits & HRIS

Background: Committee members asked for a regular update as the requirements in the new laws are better understood. This presentation will provide some clarity on the new Healthy Workforce Healthy Family Act of 2014 (AB 1522), also known as paid sick leave.

Budget Impact: N/A

Staff Recommendation: N/A

Committee Questions/Suggestions/Requests:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:
Healthy Workplace Healthy Family Act of 2014 (AB 1522)

Legislative Brief: Paid Sick Leave
Sherri Hogle, Director of Benefits & HRIS
March 18, 2015
WHAT DOES THE LAW STATE?

- Effective July 1, 2015, California employees who work 30 or more days within a year are entitled to paid sick leave
- All Full Time, Part Time, Per Diem and Temporary employees are eligible
- Minimum one hour paid sick leave for every 30 hours worked
- Accrual begins first day of employment or July 1, 2015, whichever is later
- Paid Sick Leave bank becomes available for use after 90 days of employment and 30 hours worked
- Time-off can be used in a minimum of 2 hour increments with reasonable request
WHAT DOES THE LAW STATE? (Con’t)

- Worked hours, accruals, usage and balance are tracked and visible to the employee and their supervisor.

- Employees may accrue up to 48 hours per year.

- Employees may use up to 24 hours per year.

- Any unused accrual balance may carry over into the next year.

- When an employee terminates, Paid Sick Leave does not have cash value like PTO, however the balance will remain available in the event the employee is rehired within 12 months.
BENEFITED STAFF

- Will receive an accrual of 1 hour for every 30 hours worked beginning date of hire

- PTO plan accruals begin starting in pay period of 90th day
NON-BENEFITED STAFF

- Accrual for new hires begins on their hire date and continues throughout the year until the maximum of 48 hours has accrued.

- Moves to benefited status, Paid Sick Leave accruals stop; balance remains available for use while PTO bank begins accruing.
**BUDGET IMPLICATIONS**

- Based on 12-month historical analysis, the Paid Sick Leave requirement would have cost nearly $800,000 last year, if all time taken.

- Budget requirements for 2016 will need to account for the additional expense.

<table>
<thead>
<tr>
<th></th>
<th>New Hires</th>
<th>Non–New Hires</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>Benefitted</td>
<td>$162,246.00</td>
<td>$0.00</td>
<td>$162,246.00</td>
</tr>
<tr>
<td>Non–Benefitted</td>
<td>$190,102.00</td>
<td>$425,000.00</td>
<td>$615,102.00</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$352,348.00</strong></td>
<td><strong>$425,000.00</strong></td>
<td><strong>$777,348.00</strong></td>
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COMMUNICATION PLAN

- January 1, 2015 Palomar placed posters notifying workers of AB1522 in compliance with the law
- Presentations at Leadership Council and HR Board of Directors
- Procedure updates
- Develop Talking Points (FAQ’s), Job Aids and Recorded WebEx
- Educating leaders and staff on the legislation and use of API for tracking
- Incorporate Paid Sick Leave usage into monthly API training
Questions?
Information: Spiritual Care Update

TO: Human Resources Committee
MEETING DATE: March 18, 2015
FROM: Fran Waller, Director of Community Engagement & Volunteer Development and John Van Cleef, Lead Staff Chaplain

Background: A look at spiritual care as a part of health care, and the goals of Palomar Health’s Spiritual Care Department.

Budget Impact: N/A

Staff Recommendation: N/A

Committee Questions/Suggestions/Requests:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:
Introduction
Vision:
To be a credible, reliable, and integrated member of the health care team in its provision of care to patients and family.

To be a trusted and relevant source of spiritual care for members of the Palomar Health family.
Expectations & Impact

- **Patient Experience**
  Provide timely visitation to patients and family based on request or referral

- **Volunteer Opportunities**
  Expand the opportunities for Volunteer Chaplains to provide spiritual care to patients and family

2,545 patient visits in February
996 patient visits by Volunteer Chaplains
66 Volunteer Chaplains
423 Volunteer Chaplain hours
Deliver value of 3 FTE Chaplains/$25,000
In the last 9 months...

- Increased Volunteer Chaplain Support by 5%
- Standardize Statistical Reporting, increasing productivity by 10%
- Implement 24/7 Chaplain On-call Schedule
- Prepare for Migration to Electronic Orders & Charting
Objective

Create a credible, reliable and integrated spiritual care program to patients, families, and staff of Palomar Health.

- Recruit, educate and empower Volunteer Chaplains for spiritual care.
- Develop, implement, and participate in collaborative approaches to patient care and experience.
- Assess the effectiveness and perception of spiritual care and recommend a course of action for its development.

**Organizational Initiative 2**: Create a positive experience for all key stakeholders by improving clinical and business throughput and efficiency through all transitions of care.

**Organizational Initiative 3**: Develop and implement a strong physician integration and alignment model that allows for effective communication, partnership, and accountability in the management and care of patients.
 PMC - Chaplain Visit Requested  
Avg. from September 9 & 11, 2014
Objective

Provide diverse, inclusive, and inter-faith spiritual care to patients, families, and staff of Palomar Health.

- Develop, implement, and participate in collaborative approaches to patient care and experience.
- Seek grant funded opportunities for education and development of Staff and Volunteer Chaplains.
- Assess relevance and perception of department name and terminology.

Organizational Initiative 2: Create a positive experience for all key stakeholders by improving clinical and business throughput and efficiency through all transitions of care.

Organizational Initiative 3: Develop and implement a strong physician integration and alignment model that allows for effective communication, partnership, and accountability in the management and care of patients.
Patient Profiles

PMC - Religion Census
Avg. from September 9 & 11, 2014

- Christian: 54%
- No Preference: 16%
- None: 8%
- Other: 8%
- Unknown: 14%
Definitions:

**Spiritual Care** refers to helping patients, family and staff maintain spiritual health – without reference to a specific religion.

**Religious Care** refers to religion specific spiritual care that patients, family, and staff request to aid their spiritual health.

**Cultural Care** refers to the cultural competence we need to demonstrate in the care of our patients, families, and staff.
Purpose:

1. Assess awareness of and attitudes toward Spiritual Care at Palomar Health

2. Assess reliability and credibility of Spiritual Care from the perspective of Nurses, Social Workers, and Doctors

3. Gather information to strategically plan development and growth of the Spiritual Care Department.

For want of a skillful strategy an army is lost; Victory is the fruit of long-range planning.
Survey Demographics

Who completed the survey?

- Nurse: 95%
- Physician: 3%
- Social Worker: 1%
- Other: 1%
From where are the responses?

- PHDC: 15%
- PMC: 62%
- POM: 20%
- expressCare: 0%
- Home Health: 2%
- Villa Pomerado: 1%
Do you have experience working with Chaplains at Palomar Health?

- Yes: 32%
- No: 68%
Were you exposed to Spiritual Care/Chaplains in your medical training?

- Yes: 53%
- No: 47%
Is spirituality an important aspect of your life?

- Yes: 87%
- No: 13%
The Chaplain is an integral part of the health care team.
I refer patients in crisis to Chaplains.
I refer patients with spiritual concerns/problems to Chaplains.
I refer patients facing end-of-life issues to Chaplains.
I consider the Chaplain's visit helpful to the patient, family and/or staff.
Maximize Patient Care in the Shared Spaces
On-call Chaplains respond in a timely* manner to calls for spiritual care.

*Timely response is dependent upon patient need.
Chaplains demonstrate religious and cultural sensitivity in their engagement with patients, family and staff.
Charting by the Chaplain provides useful information to the care team.
Chaplains make themselves available for the spiritual needs of staff.
I am satisfied with the performance of the Chaplains.
Next Steps: Short-Term

1. Continue movement toward electronic based task-list and patient charting.

2. Educate and train chaplains for effective patient charting.

3. Train chaplains in collateral patient care disciplines.

4. Identify and implement strategies for staff spiritual care.
Next Steps: Long-Term

1. Formal re-naming of department to Spiritual Care.

2. Strengthen affiliation with Association of Professional Chaplains, and APC board certified chaplains.

3. Initiate process to become an accredited hospital with Association of Clinical Pastoral Education.

4. Develop breadth of Volunteer Chaplain base, training, availability, and experience.