**Systems and Innovations Committee**

**Minutes**

January 8th 2018 2 to 3 pm

PSOB room 915

Conference Call Information:

Dial: 1-877-848-7030

 Access Code: 2030826#

 Host code: 1001# (PHD to host)

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| **Agenda Item** | **Detail** | **Presenter** |
| Welcome, Introductions (as needed) and roll call | Quorum is 50% +1 of committee membership Members present: Amanda Garcia-Snell, Amy Sullivan, Angie Gerrard, Brian Johnson, Florence Pourtal-Stevens, Frank Brown, Katrina Rothenberger, Michael Baker, Tricia MortellNon-voting participants: Sara Beaudrault, Mai Quach, Kim La Croix, Caitlin HillQuorum not met. Tabled to next meeting. | Mike and Florence |
| Review of minutes | Review minutes from last meeting, make corrections as needed Approved | Mike and Florence |
| Review Committee Charter | Update the Charter template to reflect work of this committeeThe Charter template was presented at December meeting. We will remove any areas of the Charter template that do not pertain to our work. This is a standing committee, known as the Systems and Innovations Committee. We will meet every third Monday 2-3:30. Adoption tabled due to lack of quorum.  | Mike and Florence |
| New expenditure report | Further explanation and clarification on feedback received on the expenditure report. The committee will to recommend the report can move to the CHLO boardOHA needs to make some revisions to the quarterly report that local health submits to the program element. No feedback was received on the format of the reports. It will not change when revenue is received. You are being asked to report by quarter. The ‘other’ entry is for one time, large dollar expenditures not included in any other section. This information will be included in the training. OHA would like to take this to the January CLHO meeting so that it can be included in the fiscal year 2019 contract award. There being no objection, this will move forward to CLHO.  | Sara and Mai Quach |
| Triennial Review Evaluation and Recommendations | PHD staff will discuss recommendations from the evaluation. This is a preliminary discussion where they are looking for the committee’s feedback/ concerns and/or questions about the recommendations. This will go to CLHO Board in January or February 2018 depending on feedbackAll 34 LPHAs are review by OHA in a three year cycle for compliance with state and federal statutes. In 2014 we implemented regional reviews to better coordinate travel and expenses. In 2017 there was a two part study of the process. The first part looked at compliance trends over the three year cycle. The second part involved interviews with local health partners to identify barriers and challenges to achieving compliance.Kim presented the “Improving the Triennial Review Process”. Recommendations were made addressing the review tools and process, organizational factors and collaboration, and the Process Improvement Project. It was noted that linking program elements to modernization requirements is difficult when local health does not have funding or knowledge of the requirements. One recommendation was to align the review tools with state and federal regulations. There was a request to standardize the tools among reviewers and to frame the review as a more collaborative effort working toward quality improvement. Any changes in the tool need to be communicated well in advance of the process. Integrate quality assurance criteria into central record keeping. It was requested that reviewer scheduling be better coordinated to reduce overall time spent interviewing local staff. Are there some best practices from the accreditation process that are applicable to the triennial review? Recognize that funding for the modernization is often lacking and differentiate between funded, statutory requirements and conversations about what progress that could be made toward the modernization process. Explore whether, what, and how portions of the review process can be done via technology rather than in person. | Sara and Kim LaCroix |
| Statewide public health modernization plan progress report | Review a first draft of the progress report and discuss how to pull in information that accurately reflects where progress has been made across the system. Sara is looking for feedback from the committee about what might be missing and any successes and progress made in 2017 towards modernization. A first draft is included in the meeting materials. 1) The modernization plan has three priorities: Improving the public health systems capacity, understanding and expanding the role of tribal health, highlighting the work that has taken place under the Aim High grant. PH is looking for local health information and stories that might highlight those priorities. Tri-county CD work was underfunded to the extent that Multnomah County will be taking reductions in their communicable disease program which could affect their numbers. The consensus is that the Aim High grant work is most wide-spread. 2) Align and coordinate Public Health and early learning CCOs, hospitals, and other partners for collective impact on health improvement.3) Demonstrate progress toward improved health outcomes through accountability metrics and ongoing evaluation.We are interested in how the Task Force for the Future of Public Health Services recommendations have carried through. The health equity foundation capability needs to be added in. OHA will be revising this and will submit to CLHO. | Sara Beaudrault |
| Program Element 8Agenda template | CLHO Communicable Disease will discuss at their meeting 1/12 the request to move PE 8 to CD. The final decision will go to CLHO.The logo needs to be the blue one. Let Morgan and Caitlin know the template change has the committee support but we lack quorum. | Mike and Florence |
| To do item for next meeting scheduled 2/12/2108 2-3:30pm at PSOB room 915  | Review work plan template and HS conference proposal document and be prepared to brainstorm on activities to work on for 2018.The GoToMeeting option will be available for the next meeting.  | All members |