

Pollywog Evaluation Team Meeting Minutes

MEETING COMMENCED	1:00pm, November 1, 2016 Linn-Benton Community College Calapooia Center, Mt. Jefferson Room, Albany
MEETING CALLED BY	Kris Wessel
COMMITTEE MEMBERS PRESENT	Sheri Branigan, Klint Peterson, Bettina Schempf, Paul Smith, LeAnne Trask, Paul Smith, Laurie Barajas, Renee Smith, Patty Parsons, Carissa Cousins
VERSION	Reviewed

Agenda topics

DISCUSSION ITEM	Welcome and Introductions (Klint Peterson)
	Recap of subject matter and time line.
	Introduction of each member of the committee.

DISCUSSION ITEM	Re-cap of Pollywog Project
	The IHN-CCO has given us 6 tablets to use for signing people up for the Pollywog Project. Our intention is for all of the Maternal Care Coordinators to have one, and then hopefully we'll have enough for a couple of partners to use also.
	The IHN-CCO will be including a feature article about the Pollywog Project in one of their publications in the next month.
	Kris spent a day with the Siletz Tribe and had the opportunity to talk about the Pollywog Project and invite them to participate. Oral health resource information will be included in the Pollywog Project. The Benton County Epidemiologist and his intern has money for some of those oral health research and today the Early Learning Hub gave them the small amount funding that they need to make a full commitment to the work. Data regarding oral practice and place will be a great healthcare resource for Pollywog.
	The website is coming along and there are print-outs available for you to see how it is coming. The "wireframe" portion of the creation process is over, and the developer is currently creating a live version for us to begin adding content on. Works on a mobile phone also. No sign-in or passwords. Can upload their information and request a contact, or can download information that is relevant to young parents and families.
	We have an opportunity to then gather more information about our families when we contact them, and get them into the appropriate programs and services. The turn-around time for contact is three days.
	What we're looking at from VistaLogic is an electronic record with lots of fields for you to enter data or query and search on the data. Duplicate entries are searchable and can be caught early. Data can then be blended per privacy needs.
	We can call this website a "self-identifying" site that will allow people to reach out for help, and then we contact them and talk to them about what we can do for them.
	We are purveyors of information.
	VistaLogic has a tremendous amount of functionality, and we have left a door open to expand our database with them later, if we need to. We can change content and fields down the road.
	Trainings for the first roll-out will begin in December, i.e. Health Navigators, Maternity Care Coordinators

Initially we plan to contact every agency that Pam Collier (the Albany Maternity Care Coordinator) works with to invite them to participate. Pam is making introductions, and letting us know what services they are sharing with the community. Family Tree will also be working with this initial phase, and the Healthy Families people.
Pollywog is an innovation project thus there is no existing model to reference. As such these will be very organic roll-outs.
We have the capacity within VistaLogic to deal with the individual cultural and workflow needs things at each hospital is doing; it won't affect "the whole" of the project.
The Maternity Care Coordinators will be "the warm hand-off" to the community services.
Hopefully RHIC will be a partner and our data will assist them in figuring out what services the families are using and where the gaps are.
The sooner you a family gets into the system, the better the potential outcome.
When a partner enters someone into the system, it is considered their "tenant" information and can be kept private; however, if a phone number or address is changed, all of the partners can see it.
Potentially the partners could use Pollywog database as their principle database; however, the data will remain their property and can be exported out at any future time.
CONCLUSION
The Pilot is the next big thing that we are moving towards: training, website content loading, etc.
The partnership of Pollywog and RHIC will allow ofr healthcare providers have access to families and community services information.

DISCUSSION ITEM	Future Milestones
Should this team have a recurring meeting schedule? We are a group of experts in a lot of different areas, and we need to assess where we want to go with it.	
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Developmental Evaluation: if you have something without a model for what it should look like and you're doing something innovative, traditional evaluation won't work for you. Don't start with a fixed perspective because you'll miss something along the way. Use guidelines, instead of hard and fast rules.	
Practical: timelines of roll-outs of pilots, structure of pilots, closed loop referrals can be measured Using SMART goals	
Albany Hospital roll-out: January 2017 with one Maternity Care Coordinator (MCC) and two Health Care Navigators (HCN). Target: close loop referrals, lessons learned	
Lebanon Hospital roll-out: March 2017	
Newport and Lincoln City Hospitals and possibly the clinics: By December 2017	
It may take longer to roll-out the Corvallis hospital, so probably after January 2018.	
January 2017: Monitoring begins, referrals closed, families served	
Guidelines for the Pollywog:	
Collaboration – Communication - Inclusion - Partner and Family Engagement	
Use data pointa to make it a little more concrete	
Do the MCCs have targets that they would like to see happen?	
Each MCC at each hospital has given responsibilities and different ideals. Some standardization would be very helpful, but it is ultimately up to them to standardize.	
Pollywog staff will have resource information and understanding of the services available.	
The shared information is always for the benefit of the families we serve.	
Why: Healthy Families, WIC, Family Tree,	
What: implement demos, name/address, attendance at classes, close loop referrals	

How: interrupt work flow to what effect, number to classes, number to website, how the work flow was changed for partners
When we get to the next hospital, what we can adjust based on roll out data..
The Corvallis Clinic has been contacted about see about including them in the project.
Potential for other pilots to begin as we expand, such as the PSN moving in to partner and bring their ideas into the mix.
We need to also look at including the doulas and midwives, at some point. Just keep it on the backburner for now.
Pam Collier will be working with the Pollywog staff to begin the roll-out, and then the agencies that she collaborates with to get her referral loop. Laurie Barajas will be working with the Pollywog staff to begin the 2 nd stage of the roll-out, and then the agencies that she collaborates with. Partners will be added as we go, and Kris will be visiting with all of them to get them on-board.
CONCLUSION
We want to see four hospitals live by the end of the year.
We would like to see other services begin to pilot during the year.
We would also like to see some built-in “lessons learned” during those first few months, inclusive of the MCCs.
It’s difficult to explain this project, but there isn’t another one like it, and it’s going to be difficult to project outcomes, when there is no other project like this one.

DISCUSSION ITEM	Meeting Times
Based on the timeline we have created, meeting quarterly seems reasonable.	
One more direction meeting between now and the Albany Pilot roll-out, before the end of December, say around December 6.	
Standing agenda Items:	
- What VistaLogic is going to look like, from the backside, almost as it’s ready to launch.	
- How will we know when the referral is closed loop?	
- Introduction of Pollywog staff? --Maybe not until March.	
- Communication tasks – how do we communication with our new partners and their workers?	
Renee Smith will facilitate the next meeting.	

NEXT MEETING	Tuesday, December 6, 2016, 2-4:00pm
Meeting location will be set-up and group members notified.	
Need projector and polycom for meeting.	
MEETING ADJOURNED	3:37pm