

**Center for Health Systems Transformation**  
**At Albany Medical Center**  
**AMCH Workforce Coordinating Committee**  
**Meeting Minutes**  
**June 26, 2015**

Members in Attendance: Lauren Ayers, Diane Cartwright, Sandra Castilla, George Clifford, Simone Brooks, Chrissy McIntyre, Susan Mitnik, Henry Pohl, Kendal Pompey, Ruthie Rueada, Ronald Santiago, Phyllis Wang, Cynthia Wolff.

TOPIC	DISCUSSION	ACTION
<b>Introductions</b>	Ronald and Diana introduced themselves. Ronald gave an overview of the agenda and noted that the meeting is being recorded for meeting minutes purposes and kept for proprietary reasons. Next, everyone went around the table and introduced themselves. Diana stated that the WCC meetings are vital to the success of the 11 DSRIP projects. Ronald gave a general overview of DSRIP and told everyone to look at a DSRIP brochure for more information.	<i>Informational</i>
<b>WCC Mission Statement</b>	Diana went over the mission statement. She stated that the Workforce Coordinating Council (WCC) is the lead in monitoring workforce issues to ensure that human resources are utilized efficiently and effectively to meet overall DSRIP goals of the AMCH PPS. Diana and Ronald asked the meeting members if they had any suggested modifications to the statement. Everyone agreed on the mission statement and no changes were made. Diana asked everybody to send any changes to her or Ronald via email or phone after the meeting.	<i>Informational</i>
<b>WCC Milestones, Deliverables, and Timelines.</b>	Diana discussed the milestones, deliverables, and timeline for the group. She stated that the WCC will achieve the following milestones: 1) define a target workforce state and present to the PAC executive committee for adoption. 2) Perform a detailed gap analysis between current state and projected state. 3) Create a workforce transition roadmap for achieving the target workforce state. 4) Develop a training strategy that meets the identified needs in the workforce gap analysis. 5) Based on aggregate data, produce a compensation and benefits analysis covering impacts on new hires, retrained and redeployed staff. Diana stated that the compensation and benefits information would not be provider specific salary or benefits information.	<i>Informational</i>
<b>Membership and chairperson Nominations.</b>	Diana and Ronald asked the group to email them if they have any membership nominations to the WCC. They also stated that they need a chairperson for the WCC as well. Diana stated the responsibilities of the WCC chairperson included: WCC meeting facilitator with PMO assistance, a seat on the PAC executive chair committee (as a non-voting member), and that it may take up about 5-8 hours of their schedule a month.	<i>Informational</i>
<b>Schedule for future meetings.</b>	Diana stated that there would be monthly meetings for 1-2 hours. She asked the group to email her their schedule preferences for future meetings.	<i>Informational</i>

<p><b>Questions</b></p>	<p>A representative from 1199 asked three consecutive questions: 1.) Have you reached out to your PPS partners and obtained a breakdown of current staff, compensation, skill sets etc.? Have surveys been disseminated to our PPS partners and have any analytics been completed, 2.) Has the AMCH PPS contracted with a vendor in terms of doing analytics? (Hired a training vendor?) Are you already working with a vendor like AHAC to do the workforce analytics &amp; training? Would we be hiring anyone else to help carry out the WCC duties.</p>	<p><i>Informational</i></p>
<p><b>Comments</b></p>	<p>Diana stated that surveys have not yet been disseminated and this would be done over the next couple months in line with the deliverables set forth in DY1Q2 (September 2015). She then talked about how the AMCH PPS was looking to collaborate with the neighboring PPS networks and possibly hire one training vendor to cover all the training programs for the 3 PPS networks (AHI and Alliance for Better Health). This way training programs could be unified across PPSs and the organizations could save by splitting the associated costs. Finally, she stated that the WCC will conduct assessments and send out surveys and if the workload is too heavy, a third party may be hired to help with the work load.</p>	
<p><b>Questions</b></p>	<p>A representative from NYSNA asked if we have reached out to CBO's yet.</p>	
<p><b>Comments</b></p>	<p>Diana stated that we have not yet reached out to neighboring CBOs but we would be doing that soon.</p>	
<p><b>Comments</b></p>	<p>Dr. Pohl mentioned that it would be beneficial to reach out to the UAlbany School of Public Health. They have resources and data that would be helpful to the WCC.</p>	
<p><b>Questions</b></p>	<p>A representative from the Center for Disability Services asked for clarification regarding what we would be accomplishing in the working sessions and during future meetings.</p>	
<p><b>Comments</b></p>	<p>Diana explained that we would be working on achieving the deliverables and milestones that are described in the documents provided (power point and excel). Ronald expanded on the deliverables that need to be accomplished in DY1Q2.</p> <p>George Clifford provided her with a general overview of the responsibilities and duties of the WCC. The WCC in collaboration with other committees such as the PAC Executive, Finance, and our training vendor (TBD), will be responsible for placing the right staff in the right positions throughout the PPS in order to meet the 11 DSRIP projects and related milestones.</p>	
<p><b>Questions</b></p>	<p>A member from the PMO asked what the role of the chairperson would be.</p>	
<p><b>Comments</b></p>	<p>Diana stated that the chairperson would spearhead all of the future WCC meetings with the assistance from the PMO. He/she would create the agenda items for future meetings. The chairperson would have a seat on the PAC Executive Committee but would not have voting rights. The chair would present WCC recommendations to the PAC for adoption.</p>	