

OPSC Board of Directors

March 4, 2024 | Virtual Meeting

Building a culture of safer care—*together*

3 Meeting Tips & Tricks



To decrease background noise, please stay muted when not speaking

Microsoft Teams:
Click the microphone icon to mute/unmute

Phone:
Dial *6 to mute/unmute



Feel free to use the “raise hand” function in Microsoft Teams



Say your name before speaking so we know who’s talking



Photo by Katie Musial on Unsplash



Welcome & Introductions

Bob Dannenhoffer, Chair
Board Members

Board Member Introductions

Jessica Morris

Healthcare Consumer seat

Lisa Bui

Public Purchaser seat

Hollie Caldwell

Faculty seat

Smitha Chadaga

Physician seat

Bob Dannenhoffer

Physician seat

Mary Engrav

Health Insurer seat

Katie Hufft

Pharmacist seat

Kristi Ketchum

ASC Representative seat

Judy Marvin

Health Insurer seat

Margaret Mikula

Hospital Administrator seat

Dana Selover

Public Health Officer seat

Erin Sprando

Nursing Facility Rep. seat

Susan Steen NEW MEMBER

Hospital Administrator seat





Housekeeping

Bob Dannenhoffer, Chair



Today's Agenda

3:00pm 10 min	Welcome & Introductions	Bob Dannenhoffer, Chair; Board Members
3:10pm 5 min	Housekeeping	Bob Dannenhoffer
3:15pm 5 min	Patient at the Center	Mary Engrav
3:20pm 5 min	Treasurer's Report	Jessica Morris
3:25pm 30 min	Strategic Planning Discussion	Valerie Harmon, Vanessa Becker, Board Members
3:55pm 30 min	Executive Director's Report	Valerie Harmon
4:25pm 25 min	PSRP Modernization: Revising Adverse Event Types	Valerie Harmon, Sydney Edlund, Board Members
4:50pm 5 min	Board Membership Update	Valerie Harmon
4:55pm 5 min	Public Comment	Bob Dannenhoffer
5:00pm	Upcoming Board Meetings & Adjourn	Bob Dannenhoffer



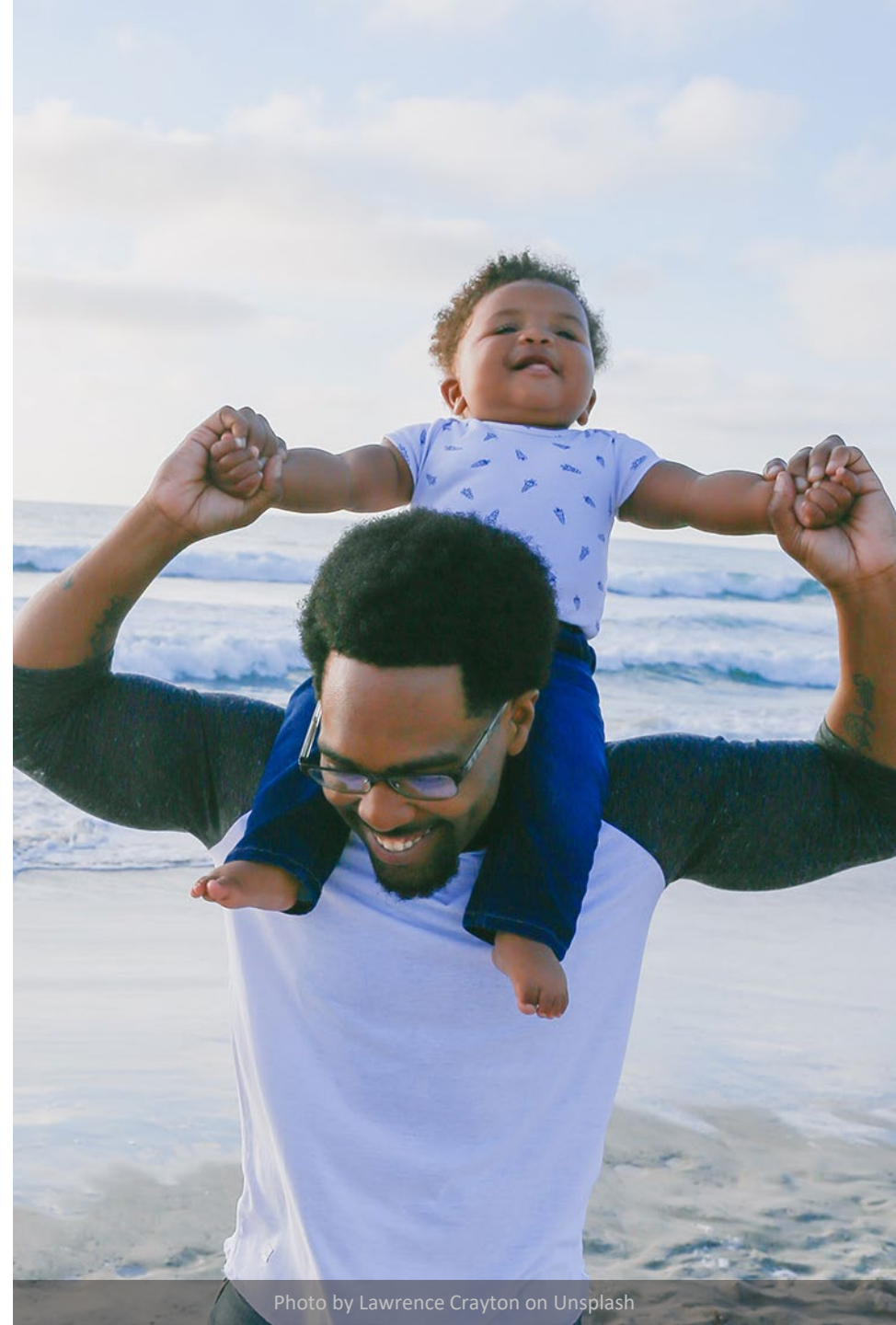
Other Items

- **Action Item:** Approve minutes from:
 - December 4, 2023 Board Meeting
 - January 24, 2024 Special Board Meeting
 - February 16, 2024 Executive Committee Meeting
- Acknowledge receipt of meeting materials



Patient at the Center

Mary Engrav, Vice-Chair





Treasurer's Report

Jessica Morris, Treasurer

General Updates

PSRP Receipts

- 89% as of February 28, 2024
 - Moving forward with our process for outstanding accounts

Budget Amendment

- Anticipate Board review/approval June 3, 2024
 - Amending for actual-to-date revenue, and timing of expenses
 - New hires
 - Strategic plan
 - New office lease



Investment Activity Update

- Investment Fund Transfer
 - Executive Committee is responsible for investment activity
 - **Investment Goal:** To maximize investment return and optimize operating cash requirements
 - **Fund transfer occurred January 9, 2024:** \$313,622 transferred from OPSC's checking account to the Local Government Investment Pool (LGIP) account

Actual Compared to Budget

December 31, 2023

	Year-To-Date Actual	Year-to-Date Budget	Year-to-Date Budget Variance Over (Under)
Revenue:			
PSRP Funds	866,062	876,971	(10,919)
EDR Funds	975,000	877,500	97,500
Other Revenue	48,297	30,072	18,225
Total Revenue	1,889,359	1,784,543	104,816
Expense:			
Personnel	646,148	687,264	(41,116)
Service and Supplies	161,170	426,608	(265,438)
Total Expense	807,318	1,113,872	(306,554)
Non-Cash Depreciation Exp	-	-	-
Change in Net Assets	1,082,041	670,671	411,370



Statement of Financial Position (1 of 2)

	12/31/2023	6/30/2023
ASSETS:		
Cash and Cash Equivalents	913,267	307,367
LGIP Investment Account	2,334,379	2,073,567
Accounts Receivable	285,958	3,521
Other	156,770	141,182
Total Assets	3,690,373	2,525,636
LIABILITIES:		
Accounts Payable and Accrued Payroll	215,049	129,878
Accrued Vacation	63,900	66,375
Lease Liabilities	72,989	72,989
Total Liabilities:	351,938	269,241



Statement of Financial Position (2 of 2)

	12/31/2023	6/30/2023
NET ASSETS:		
Net Assets Without Restrictions		
PSRP Funds	1,398,655	864,255
Fixed Assets	71,776	71,776
Total Net Assets Without Restrictions	1,470,430	936,031
Net Assets With Restrictions		
EDR Funds	1,868,005	1,320,364
Total Net Assets With Restrictions	1,868,005	1,320,364
Total Net Assets	3,338,435	2,256,394
Total Liabilities and Net Assets	3,690,373	2,525,636





Photo by Johnny Cohen on Unsplash



Strategic Planning Discussion

Valerie Harmon, Executive Director

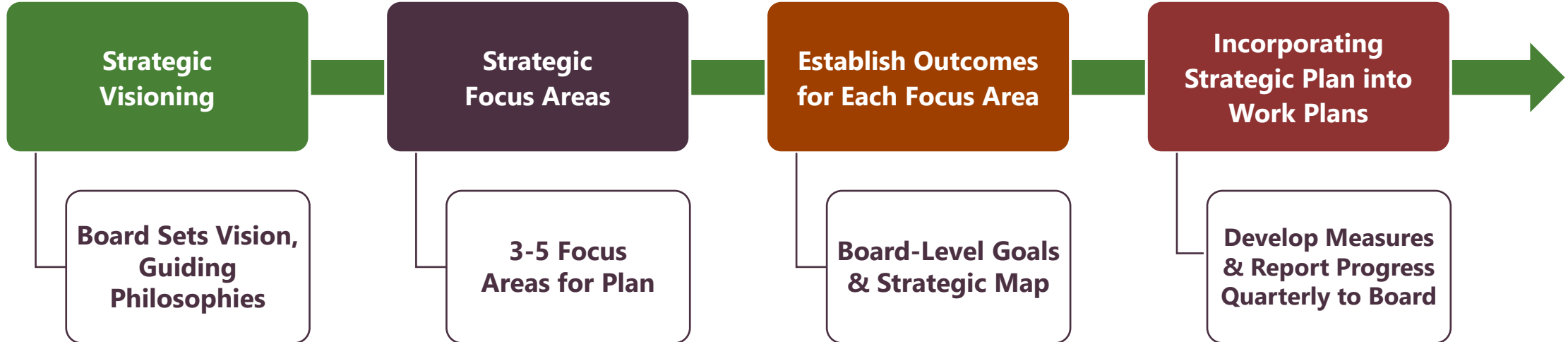
Vanessa Becker, Principal, V Consulting & Assoc. Inc.

Board Members

What Have We Done So Far?

- Oct 2023** Held Board and staff visioning and planning session
- Nov 2023** Drafted key focus areas and organizational values
- Dec 2023** Held Board planning session and Task Force roundtable discussion
- Jan – Feb 2024**
 - Held four roundtable discussions with key interested parties
 - Conducted online survey
 - Analyzed key themes from roundtable discussions and online survey
 - Developed draft of one-page, high-level strategic map
- March 2024** ● Check in with the Board on progress and process thus far
- Mar – Jun 2024**
 - OPSC to finalize strategic map and full strategic plan
 - OPSC to develop process to report annual work plan progress to Board on a quarterly basis
- June 2024**
 - Board to approve finalized strategic map and full strategic plan
 - OPSC to submit approved strategic plan to the Governor's office
- 2024 – 2027** OPSC to develop and implement work plans based on the strategic plan

Strategic Planning Process



Strategic Plan Input: Methodology & Process

- **Roundtables:** Virtual sessions facilitated by a consultant
 - OPSC Board of Directors
 - OPSC Task Force on Resolution of Adverse Healthcare Incidents
 - Healthcare association representatives
 - Healthcare Quality, Patient Safety, and Risk Management professionals
 - General public
- **Survey:** Online survey shared broadly
 - Distribution: email campaign, LinkedIn, OPSC's website homepage, shared with roundtable participants (link and QR code)



Any questions about the process so far?



3 Focus Areas Used to Guide Input Process

Provider & Health
System Awareness
& Engagement

Public Awareness &
Engagement

OPSC Development
& Stability

Majority of input in first two focus areas

What We Heard: Roundtables & Survey (1 of 2)

- Focus Area: Provider & Health System Awareness & Engagement
 - Provide shared learning from the programs, as well as patient safety best practices and education; example topics included:
 - How to implement a communication and resolution program
 - Event investigation and analysis
 - Violent or combative patients
 - Collaborate and align with others in the healthcare ecosystem to build a more powerful network and increase our impact
 - Serve in a convening role by bringing members of the healthcare ecosystem together to advance patient safety work
 - Be aware of workforce challenges within the healthcare system to help inform our engagement strategies



What We Heard: Roundtables & Survey (2 of 2)

- Focus Area: Public Awareness & Engagement
 - The complexity of the healthcare system can lead to frustration for both patients and providers
 - Patients need information, education, and support to use the healthcare system
 - Patients need guidance to use the EDR process
 - There is a portion of the public that primarily gets healthcare information from social media, others are concerned about misinformation in this type of media
 - Online research helps some members of the public vet the legitimacy of information
 - Affordable legal consultation may be beneficial to members of the public who use EDR and receive any financial offer



Discussion: Strategic Map

Oregon Patient Safety Commission (OPSC) High-Level Strategic Map

DRAFT

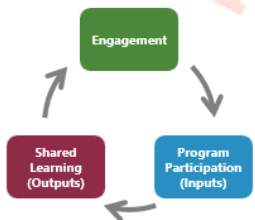
Building a Culture of Safer Care—Together.

Our mission is to reduce the risk of serious adverse events occurring in Oregon’s healthcare system and encourage a culture of patient safety.

OPSC operates two statewide programs that offer a constructive space for healthcare facilities, providers, and patients to build a culture of safer care. We promote shared learning and candid dialogue to reduce the risk of patient harm across Oregon’s healthcare system. Our two programs are:

- Patient Safety Reporting Program (PSRP)
- Early Discussion and Resolution (EDR)

Our Strategic Model



Summary of Focus Areas, Strategies, & Outcomes

Focus Areas	Strategies (What work will we do?)	Outcomes (What will we accomplish?)
Provider & Health System Awareness & Engagement	<ul style="list-style-type: none"> • Assess the state of patient safety in Oregon’s healthcare system • Support capacity building for responding to & learning from harm • Modernize PSRP to align with current technology & constantly changing patient safety needs 	<ul style="list-style-type: none"> • A greater understanding of Oregon’s patient safety landscape • Increased use & engagement in OPSC’s programs & activities
Public Awareness & Engagement	<ul style="list-style-type: none"> • Develop and implement ongoing EDR public outreach campaigns focused on those populations more likely to experience harm • Ensure all outreach work adheres to current accessibility standards & communications best practices 	Increased awareness of, access to, & use of EDR
OPSC Development & Stability	<ul style="list-style-type: none"> • Ensure team structure (both internal & external) continues to align with program operations & priorities • Build & maintain sustainable systems to better support programs • Implement & monitor EDR data strategy to support our learning goals • Bring equity into all the work we do, including workforce, Board, and Task Force recruitment 	A long-term, stable team and system so that we can continue to serve Oregonians & evolve with the Oregon healthcare system

DRAFT

Our Values

At OPSC, all our work is driven by in our mission and values.

Accountability

- We are accountable to our mission and the programs we administer
- We manage our resources effectively and are good stewards of the funding we receive
- We take our responsibility seriously, think critically, and make informed, data-driven decisions

Innovation

- We value new ideas and original thinking to address challenges in patient safety
- We adapt to the changing and diverse needs of the communities we serve
- We foster an environment of continuous learning

Excellence

- We share best practices to help advance a culture of patient safety in Oregon’s healthcare system
- We are honest and trustworthy, and we follow through on our commitments to the healthcare community, to the public, and to each other
- We hold ourselves to the highest standards as we work together to advance patient safety in Oregon

Collaboration

- We believe in the power of working together
- We know that to make progress, we must share our collective knowledge
- We find solutions for complex problems, harnessing the knowledge and expertise of others

Equity

- We seek out and embrace voices from various groups in our work
- We know that inequities affect patient outcomes, and we help advance policies and practices to make care safer for all Oregonians
- We integrate equity into everything we do

As Oregon’s independent voice for patient safety, OPSC supports our state’s collective effort to make our healthcare system safer and more equitable. We do this by encouraging a response to patient harm that prioritizes patient safety, transparency, and learning.

Discussion: Strategies & Outcomes

Focus Area 1: Strategies & Outcomes

Focus Area	Strategies (What work will we do?)	Outcomes (What will we accomplish?)
Provider & Health System Awareness & Engagement	<ul style="list-style-type: none">• Assess the state of patient safety in Oregon’s healthcare system• Support capacity building for responding to & learning from harm• Modernize PSRP to align with current technology & constantly changing patient safety needs	<ul style="list-style-type: none">• A greater understanding of Oregon’s patient safety landscape• Increased use & engagement in OPSC’s programs & activities



Focus Area 2: Strategies & Outcomes

Focus Area	Strategies (What work will we do?)	Outcomes (What will we accomplish?)
Public Awareness & Engagement	<ul style="list-style-type: none">• Develop and implement ongoing EDR public outreach campaigns focused on those populations more likely to experience harm• Ensure all outreach work adheres to current accessibility standards & communications best practices	Increased awareness of, access to, & use of EDR

Focus Area 3: Strategies & Outcomes

Focus Area	Strategies (What work will we do?)	Outcomes (What will we accomplish?)
OPSC Development & Stability	<ul style="list-style-type: none">• Ensure team structure (both internal & external) continues to align with program operations & priorities• Build & maintain sustainable systems to better support programs• Implement & monitor EDR data strategy to support our learning goals• Bring equity into all the work we do, including workforce, Board, and Task Force recruitment	A long-term, stable team and system so that we can continue to serve Oregonians & evolve with the Oregon healthcare system



Discussion: Timeline & Plan Duration

Review & Reporting Progress

- The strategic **map** and **plan**
 - We recommend an annual Board review
- Annual **work plan** (how we'll operationalize the strategic plan)
 - Quarterly, we'll update the Board on progress and metrics

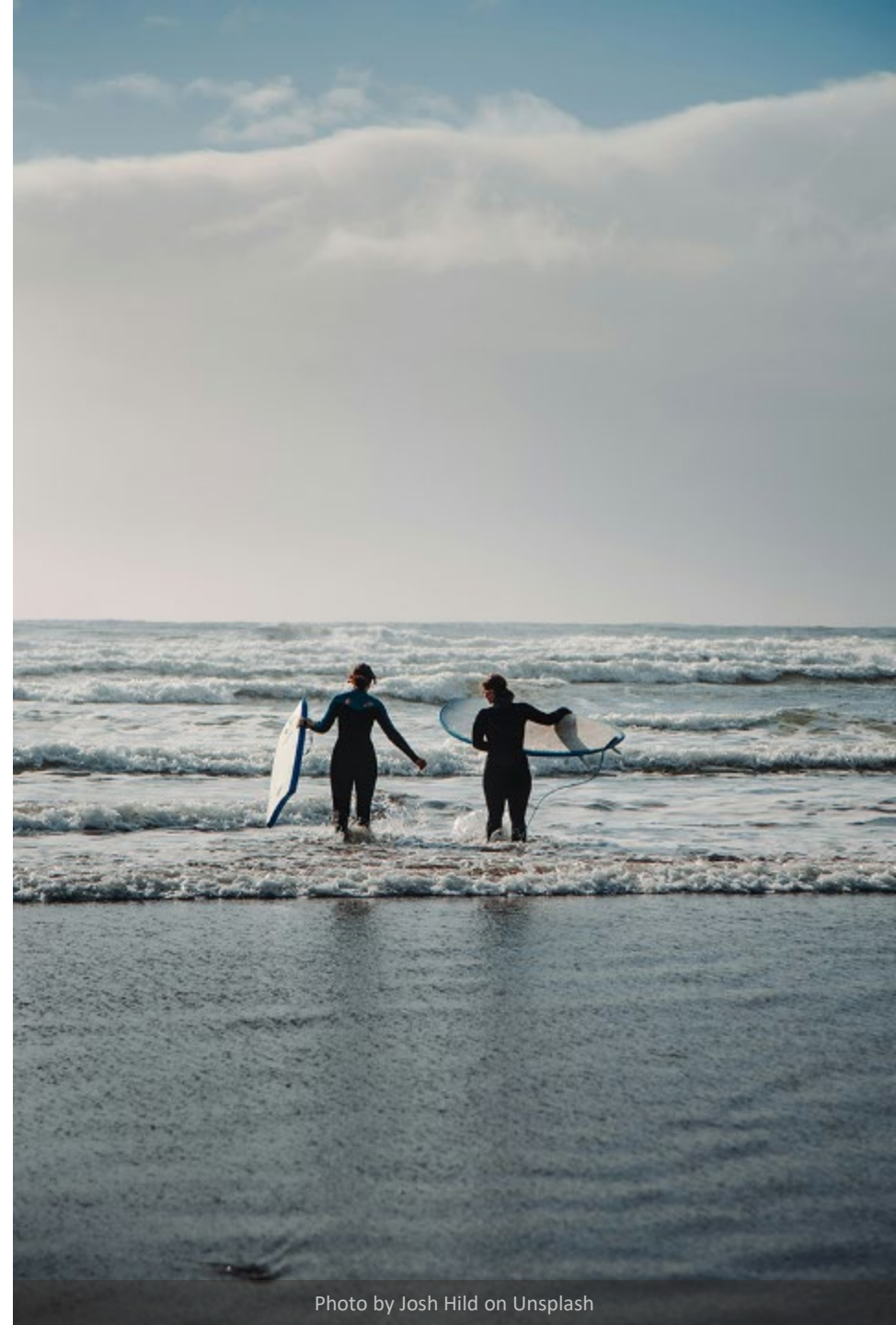
Next Steps: What's Next?

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Executive Director's Report

Valerie Harmon, Executive Director



Updates

- Permanent Oregon Administrative Rules (OARs) filed for the Patient Safety Reporting Program (PSRP) (**OPSC Development & Stability**)
- State of Oregon Agency Data Inventory: 2024 inventory submitted (required per ORS 276A.350-374)
- Semi-Independent State Agency Report (required per ORS 182.472)
- Pathway to Accountability, Compassion, and Transparency (PACT) Revision (**Provider & Health System Awareness & Engagement**)
- Early Discussion & Resolution (EDR) Outreach Update (**Public Awareness & Engagement**)



Oregon Agency Expectations: Governor Kotek

Expectation	Timing	Status
Performance Reviews for Agency Directors (OPSC Board)	Q3 2024 Update: Biennially	Not started
Performance Feedback for Employees*	Quarterly	Meeting
Strategic Planning & Measuring Performance (OPSC Board)	June 2024 Update: Every 3 years	In progress
Succession Planning for the Workforce	December 31, 2023	Meeting
Affirmative Action Plan	Q4 2022 Update: Biennially	Meeting
Diversity, Equity, and Inclusion Plan	June 1, 2023 Update: Biennially	Meeting
Position Fill Time*	50 days or less	Not started
Training for New Employees and Manager (i.e., Benefits, Onboarding, Customer Service, New Manger Training)	Within: 30/60/60/90 days of hire	Meeting
Continuity of Operations Plan	September 30, 2023 Update: Biennially	Meeting

* Not required for OPSC. Other expectations not applicable to OPSC include Audit Accountability, IT Strategic Plan, Measuring Employee Satisfaction



PSRP Annual Report

- **Why** we're doing it
 - It's in the law; we're meeting our mandates
 - We're transitioning from an old system to new system
- **How** it's going to be different
 - Shorter, more digestible, adhering to communications best practices
- **What** to expect
 - You'll have a chance to review in June
 - We'll publish in July



Team Structure & Recruitment

- Creating a cross-functional team model to support daily operations for both programs
 - Supports our efforts in **OPSC Development & Stability**
 - Enables more cross training and coverage for long-term sustainability
 - Provides a more cohesive and streamlined experience for those we serve
 - Creates operational efficiencies and ensures effective use of resource for output and engagement (given similarities in mandates)
- Creating a senior-level program role to serve in a more external capacity and lead engagement efforts



Sharing is Key to Our Mission

Sharing what we learn, often and well, is integral to the work of OPSC.



Patient Safety News – August 2022-2023

- One way we share our learning is *Patient Safety News*
 - Intent was to share monthly news, learnings, tools, and stories to our opted-in audience – via an email
 - However, process proved to be labor-intensive and took more resources and people hours than was ideal for the result/impact
 - We reevaluated the process, content, branding, and effort overall and created an updated approach, which is currently implemented and in use



Patient Safety News (Before & After)

OPSC OREGON PATIENT SAFETY COMMISSION

Patient Safety News

In This Issue:

- **Featured News:** [Patient & Family Engagement: A Patient Safety Priority](#)
- [Apply for the PACT Collaborative Oregon Cohort](#)
- [Watch AHRO's National Action Alliance to Advance Patient Safety Webinar Series](#)
- [Get Involved with OPSC's Board and Task Force](#)

Featured News

Patient & Family Engagement: A Patient Safety Priority

Making healthcare safer takes an ecosystem of organizations working together. To support a collaborative approach to patient safety, the Institute for Healthcare Improvement (IHI) convened healthcare organizations to create [Safer Together: A National Action Plan to Advance Patient Safety](#).

One of the priority areas of *Safer Together* is **Patient and Family Engagement**. To build patient and family engagement, healthcare organizations can implement a Communication and Resolution Program (CRP), a comprehensive, highly reliable process for responding to patient harm.

To support the implementation of CRPs in Oregon, we are partnering with the **Pathway to Accountability, Compassion and Transparency (PACT) Collaborative**, a learning collaborative dedicated to improving the way healthcare responds to patient harm. We encourage Oregon healthcare organizations to join us in our work with the PACT Collaborative by participating in **PACT's first Oregon Cohort**.

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OPSC OREGON PATIENT SAFETY COMMISSION

Patient Safety Minute

Shared learnings from the Oregon Patient Safety Commission

Use of Skin Color Assessments Can Increase Disparities in Care

Clinical assessments play a vital role in providing the information healthcare professionals need to better care for their patients. However, many of these clinical assessments include an evaluation of skin color, which may be leading to greater disparities in care.

Given that several clinical assessments in use today were developed using an entirely white patient population, they may not work well for patients with darker skin tones, which can result in inaccurate assessments, diagnostic errors, and worse outcomes.

[In this blog post](#), learn more about:

- Why common assessments such as Apgar and those for pressure injuries need further review
- How taking a broader view of a specific patient safety issue can result in greater improvements to care overall
- How you can help OPSC learn and share more about this topic by taking action in your organization and sharing what you learn

[Read More on Our Website](#)

Interested in learning more about this topic? Check out additional resources below:

- [Newborn Health Checks Are Unreliable for Black and Asian Babies: Review Finds](#)
- [Current Perspectives on Pressure Injuries in Persons with Dark Skin Tones from the National Pressure Injury Advisory Panel](#)

What is the Patient Safety Minute?
With this communication, we are committed to sharing with you relevant, timely, and insightful articles, stories, and posts that focus on patient safety for all Oregonians. If you have a story idea, please [contact us](#).

[Website](#) [Email](#) [LinkedIn](#) [YouTube](#)

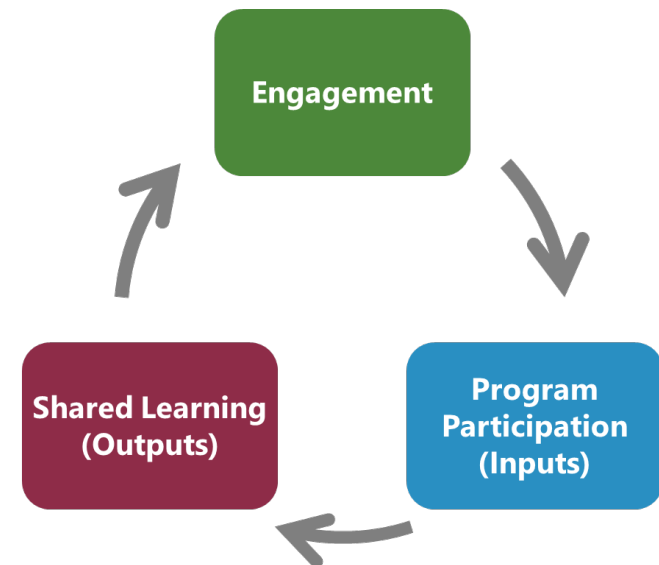
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Why Did We Update Our Approach?

- Better adhere to communications best practices
 - People read less – want more quick access to information (lists, actionable information, etc.)
 - Some sources say average # emails received in one day is 121, and over 10K marketing/communication messages a day – how do you cut through the noise?
 - Re-thinking our subject lines, message length, message clarity
- Think about effort/impact vs. “checking the box”
- Align to accessibility principles
- Build momentum for our strategic model and keep the wheel **turning!**



Accessibility is Essential

Our goal is to ensure all aspects of OPSC's brand and presence is accessible to as **many** Oregonians as possible



What Did We Do?

- To meet our goal, we:
 - **Conducted** a full accessibility audit on all our communications and operations
 - **Proposed** myriad changes to brand and brand guidelines to better align with accepted accessibility standards
 - **Created** new brand guidelines and brand elements as a “north star” to necessary changes
 - **Implemented** changes to the OPSC website, PDFs, Office templates, email signature, and other external items



Is the Work Done?

- Nope! Ensuring our work is accessible is an ongoing effort
- We are...
 - **Continuing** to monitor changing accessibility best practices and standards
 - **Creating** staff-targeted tips and tricks on how to create accessible work
 - **Looking** for any new or outstanding items or deliverables that need to be updated to align with our accessibility standards

Example: Brand Color Updates (Logo)

- OPSC standard green was *very* light
- Saw an opportunity (especially with text on our website), to increase contrast, making it possible for those with visual impairment to access more of our content

Before → O P S C OREGON PATIENT
SAFETY COMMISSION

After → O P S C OREGON PATIENT
SAFETY COMMISSION



Example: Website Button Colors

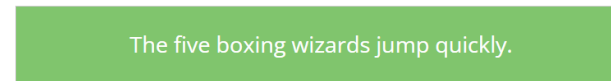
Before →



Web
Contrast
Checker
Results →

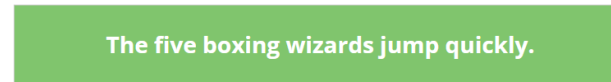
Normal Text

WCAG AA: **Fail**
WCAG AAA: **Fail**



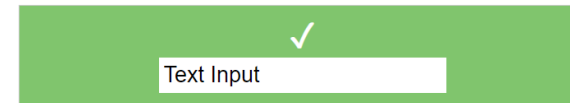
Large Text

WCAG AA: **Fail**
WCAG AAA: **Fail**

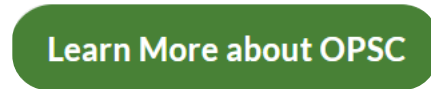


Graphical Objects and User Interface Components

WCAG AA: **Fail**



After →



Idea for Consideration: “Patient Safety Systems Scan”

- Before we can know where to go (and how!), we need to know where we **are**
- The question are we asking: What is the state of Oregon’s healthcare system regarding Patient Safety?
- The approach we are considering:
 - An ongoing scan delivered in bite-sized pieces (e.g., 3-5 questions at a time) that feed into routine shared learning
- Supports our efforts in **Provider & Health System Awareness & Engagement**





Photo by Anna Vineyard on Unsplash



PSRP Modernization: Revising Adverse Event Types

Valerie Harmon, Executive Director

Sydney Edlund, Director of Program & Policy Analysis

Why Are We Doing This Work?

- Must implement changes (PSRP statutory and administrative rule changes)
- Looking at our approach for how we collect information to ensure it enables us to fulfill our role
- A key part of our role is to:
 - Build on organization-level efforts without duplication
 - Share information to inform organization-level safety and quality improvement work

The Role of the OPSC Board

- Per OAR 325-011-0015: Establish a process to review the PSRP list of objective and definable adverse events, including:
 - Determining a regular cadence for review
 - Defining criteria to evaluate if changes are needed

What Do We Need from You Today?

- Review, provide feedback on, and approve OPSC's investment of time and resource into developing an updated approach to how we collect information about adverse events
- We also need to determine and approve:
 - A review schedule (annual or biennial?)
 - Criteria to evaluate if changes are needed

Current State vs. Recommended Future State

Current Approach

Includes a complex list of events, individualized for each facility type

Confounds event type, harm, patient outcome, type of service, & contributing factors

Is focused on counting events rather than capturing what facilities learned from events

Encourages selection of a single event type, potentially hiding the complexity of adverse events

Is not aligned with Early Discussion and Resolution (EDR) event types

Recommended Approach

»» Simplify with a unified data collection approach for all facility types

»» Evaluate triggering questions model used by RCA², CANDOR, TJC*, and others

»» Ask facilities what they learned and what they want others to learn up front

»» Keep the focus on what facilities learned, making categorizing event types secondary

»» Evaluate for potential to align related EDR data collection in future

* RCA² = Root Cause Analyses & Actions; CANDOR = Communication & Optimal Resolution; TJC = The Joint Commission

What Could Change?

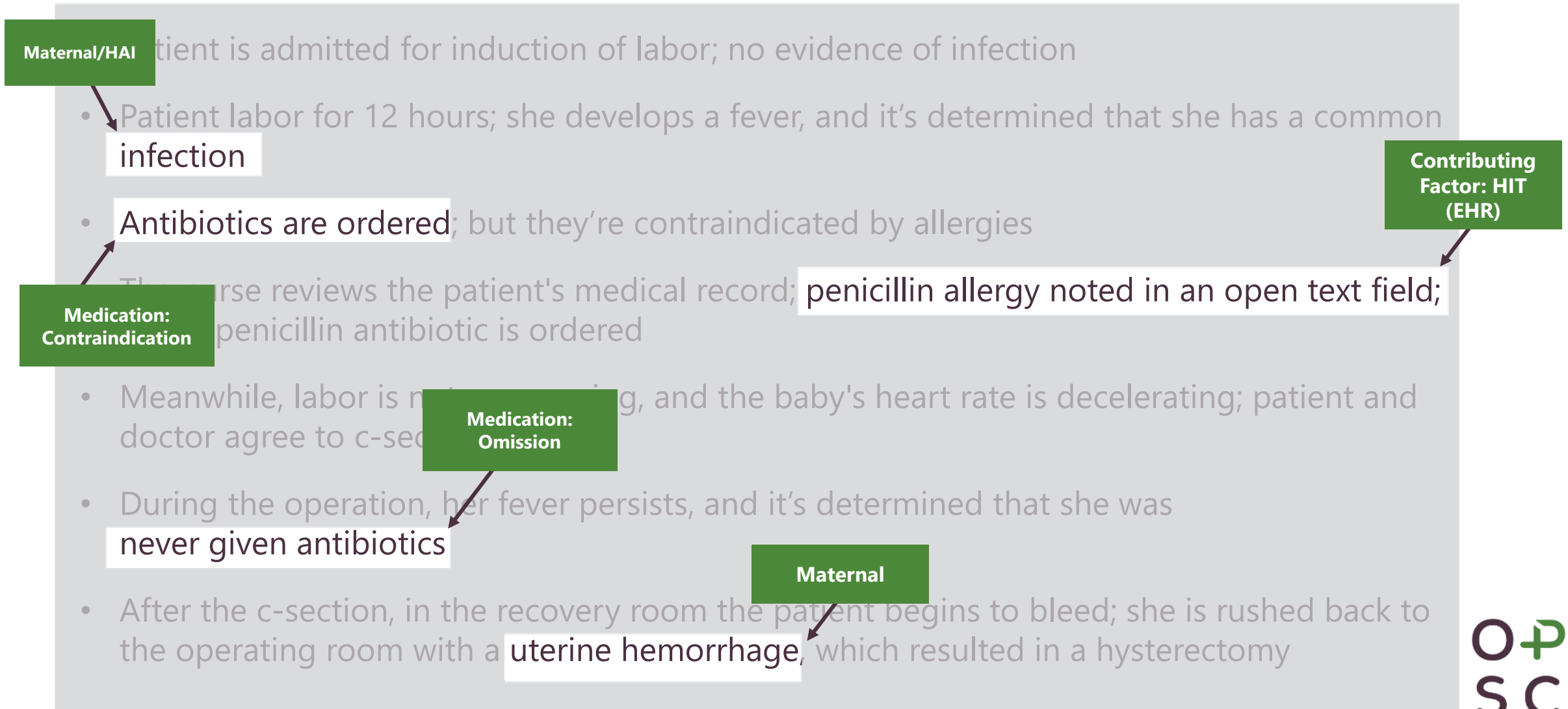
- What does this change for **facilities**?
 - Facilities will continue to report serious events based on definition in statute (so no change there!)
 - Shift focus from perfect category to what was learned
- What does this change for **OPSC**?
 - Allows us to see connections and throughlines that single organizations can't see

Adverse Event Example

- Patient is admitted for induction of labor; no evidence of infection
- Patient in labor for 12 hours; she develops a fever, and it's determined that she has a common infection
- Antibiotics are ordered; but they're contraindicated by allergies
- The nurse reviews the patient's medical record and sees the penicillin allergy noted in an open text field; a non-penicillin antibiotic is ordered
- Meanwhile, labor is not progressing, and the baby's heart rate is decelerating; patient and doctor agree to c-section
- During the operation, her fever persists, and it's determined that she was never given antibiotics
- After the c-section, in the recovery room the patient begins to bleed; she is rushed back to the operating room with a uterine hemorrhage, which resulted in a hysterectomy



Adverse Event Example



Action Items

1. Are we approved to invest time and resource into developing...
 - An updated approach to how we collect information?
 - Recommendations for criteria to evaluate if changes are needed?
2. Can we set an annual review schedule for the Board to apply that criteria?



Photo by Roberto Nickson on Unsplash



Board Membership Update

Valerie Harmon, Executive Director

OPSC Board Membership & Status

Seat	Seat Name	Current Member	Term (End Date)	Status
1	Faculty Member	Hollie Caldwell	1 st (07-01-2026)	●
2	Private Purchaser of Healthcare	Unfilled		●
3	Public Purchaser of Healthcare	Lisa Bui	2 nd (09-30-2026)	●
4	Healthcare Consumer	Pending		●
5	Healthcare Consumer	Jessica Morris TREASURER	2 nd (09-30-2027)	●
6	Health Insurer	Judy Marvin	2 nd (09-30-2024)	●
7	Health Insurer	Mary Engrav VICE-CHAIR	1 st (09-30-2024)	●
8	Labor Representative	Unfilled		●
9	Physician	Smitha Chadaga	1 st (09-30-2024)	●
10	Physician	Bob Dannenhoffer CHAIR	1 st (09-30-2024)	●
11	Hospital Administrator (or designee)	Margaret Mikula	1 st (07-01-2027)	●
12	Hospital Administrator (or designee)	Susan Steen NEW MEMBER	1 st (07-01-2027)	●
13	Pharmacist	Katie Hufft	1 st (07-01-2026)	●
14	Ambulatory Surgery Center Rep.	Kristi Ketchum	1 st (09-30-2024)	●
15	Nurse	Pending	1 st (09-30-2023)	●
16	Nursing Facility Rep.	Erin Sprando	1 st (07-01-2026)	●
17	Public Health Officer (or designee)	Dana Selover	n/a	●



Public Comment

Bob Dannenhoffer, Chair





Upcoming Meetings

Bob Dannenhoffer, Chair



Mark Your Calendars!

June 3, 2024: Board Meeting

- 3:00pm – 5:00pm, Virtual meeting
- Agenda Items
 - Adopt Strategic Plan
 - Amend 2023-25 OPSC Budget



Thank you!

Reminder: Board members, please complete your meeting evaluation survey (This will be sent via email).

