

Draft
UHC Strategic Planning Meeting
 July 8, 2010

SWOT Analysis – Vickie Groeneweg, Facilitator

Mission

Collaboration of local agencies to network and build trust; to provide an integrated framework to plan for, mitigate, respond to and recover from a *public health/safety event*.

Vision

An integrated & prepared community for a public health or safety event

Values

- Commitment to the community
- Respect for each other
- Sense of preparedness to respond
- Collective knowledge
- Diversity of group
- Experience
- Communication
- Collaborative relationship

Bolded text represents new information

<p>Strengths</p> <ul style="list-style-type: none"> ➤ Pooling resources ➤ History of performance ➤ Diversity of group ➤ Sustainability ➤ Leadership ➤ Commitment to the community ➤ Respect for each other ➤ Collective knowledge ➤ Communication & relationships ➤ Agency commitment to membership 	<p>Weaknesses</p> <ul style="list-style-type: none"> ➤ Lack of resources ➤ Different priorities for each agency ➤ Communication with non-UHC members county-wide ➤ Comprehensive understanding of resources ➤ Clear understanding of legal authorities ➤ Lack of coordination of exercise plans ➤ Lack of organized/trained volunteers
<p>Opportunities</p> <ul style="list-style-type: none"> ➤ Surge capacity ➤ Joint Information Center ➤ Engage MSU to capture resources ➤ Develop roadmap for collaborative training & exercises ➤ To involve other jurisdictions & cultural groups ➤ Sense of preparedness to respond ➤ Organize/manage/train volunteers ➤ Communication plan for non-UHC safety community ➤ Collaboration with partners in similar jurisdictions ➤ Joint Information Center 	<p>Threats</p> <ul style="list-style-type: none"> ➤ Different priorities for each agency ➤ Barriers by state agencies (i.e., Hospital Surveillance System) ➤ Lack of surge capacity ➤ Need for public risk communication ➤ Geography & diverse populations ➤ Lack of resources ➤ Public information/communication

Gallatin County Unified Health Command

July 8, 2010

8:00 – 9:00 am

Sapphire Room

Bozeman Deaconess Hospital

Present: Art McKiernan, Chad Jacobson, Mark Sherkenney, Patrick Lonergan, Kevin Stickler, Tim Roark, Buck Taylor, Vickie Groeneweg, Matt Kelley, Pam Shrauger, Stephanie Murphy, Jim Mitchell, Betty Kalakay, Leslie Teachout, James Feist, Mark Winton

Discussions during SWOT Update w/ Vickie Groeneweg Facilitator

Handouts:

April 9, 2009 minutes that shows last year's priorities
SWOT analysis from 2008

- **Unified Health Command – What does this mean & does it embody what we do as a team?** After much discussion, UHC members decided to keep the name.

UHC liked the word unified and struggled with the word command – what are we commanding? Committee and Coalition were considered as replacements. Command came from the national level when the incident command system began. UHC felt it was still important to be together as a coalition of representatives from different services in the community for those public health & safety situations.

- **Mission/Vision/Values revisited** – UHC members decided to make a small change to the mission statement yet kept it broad:

Mission:

Collaboration of local agencies to network and build trust; to provide an integrated framework to plan for, mitigate, respond to and recover from a **public health/safety event**.

Vision - Still relevant

An integrated & prepared community for a public health or safety event

Values – kept as is, except made a small change to Communications (removed “& relationships”)

- **SWOTs reviewed**

Strengths: one item added

Agency commitment to membership

“Volunteer members” was not struck as suggested because it is a strength no matter the number of volunteers.

Weaknesses: several changes were discussed and made

“Limited number of volunteers” – change to **Lack of organized/trained volunteers**

The MRC has over 250 volunteers signed up, does this continue to be a weakness? Need to train them and keep them involved without overwhelming them – that is the weakness; also management is the weakness (managing logistics of the event)

“Clear understanding of legal authorities” – remains a weakness

During emergencies, it is necessary to make a decision quickly, therefore understanding the legal authorities is needed, i.e., when to close the university, etc. Whereas shut down protocols go into effect for short-term threat, i.e, shooter on campus, it becomes a more complex decision when it comes to the long-term threat, i.e., communicable disease outbreak. When do you shut down public events? The university’s financial structure is involved in those decisions making these decisions a complex issue.

“Lack of engaging first responders” – removed from weakness list and to ensure communication, an annual UHC meeting with first responders will be set up for the future.

UHC discussion: how much involvement by first responders do we want? Is limited involvement of first responders a weakness? We need dentists, veterinarians, and others to be aligned with the UHC. This is a subcommittee of the AHAC so the minutes go to the fire chiefs.

“Lack of involvement of private health care providers, veterinarians & DDS” – change to: **communication with non-UHC members county-wide**

Discussion about how other parts of the county; i.e., Three Forks, Manhattan, Belgrade, W. Yellowstone, schools, etc.; are not involved. As a coalition, the UHC should try to branch out. Need a representative from each community/agency to attend and get the word out. During preparation of planning documents, MPI, surge capacity plan, would be a good time to involve them.

Opportunities - Added the following:

Communication Plan for non-UHC safety community
Organize/manage/train volunteers
Collaboration with partners in similar jurisdictions
Joint Information Center

Threats – remove Public’s perception of priorities and Implementation time from identification of need to full preparedness and add Public info/communication

Public communication is an issue and an opportunity to create the Joint Information Center. Audiences differ for each agency creating different priorities. Also there is limited communication expertise available. The Public Information Annex is being written at DES and Patrick is welcoming input. He will distribute the website where the plan can be found.

• **Next Steps**

The framework is laid - now to build a plan. By next meeting

1. Look at priorities set in 2009 and spend 10 min on identifying what was accomplished, what is left, what continues to be priorities.
2. Look at Weaknesses list as opportunities so what is a priority?

• **Next meeting is September 9, 2010 in the Sapphire Room**