

## Notes from Joint County/City/Hospital meeting March 1

### **Agenda Review:**

- 7:00-7:30 Review Citizens' Comments and make recommendations.
- 7:30-7:45 Planning Process—Dates.
- 7:45-8:15 Action Steps—What can we agree on to do NOW.
- 8:15-8:45 Focus Groups.  
Communication Planning.
- 8:45-9:00 Next Steps/Agenda/Parking Lot.

### **Summary of Community Comments from Previous meeting.**

- Need for validation of data.
- Information needs to go to community.
- Hospital board needs to be attending (Were represented at this meeting).
- Sheriff Involvement important (Sheriff is involved now).
- The polarization expressed may not necessarily be accurate.
- Need to know what the problems are with the IGA.
- Lots of fire district questions.
- A consideration of paid and volunteer services for fire protection, law enforcement and medical).
- General concern for service to outlying areas of county.
- Questions about funding.
- Utilization of volunteers .
- EMT services and skill level.

### **Actions that can be taken Now.**

- County and city and hospital can have joint meetings regularly scheduled—self facilitated.
- Agreement to be patient and learn each others' positions.
- Create a question and answer meeting (Mike B., Jaime S. and Betty B.).
- Agencies will get together to create a “game plan” and include the statutory responsibilities of agencies and how they are commonly addressed.

### **Developing a Communication Plan Notes from Each Group.**

#### **Group 1**

1. City/County/Hospital use ESC—more open discussion/communication.  
Rotating Council/BOCC attendees.  
(So not always open—less inhibition).  
Could also be same 2 council/1BOCC.  
Use Continuous Quality Improvement process—executive session.
2. City/county.  
Bi Monthly meetings.  
Informal Visitations between meetings—interpersonal connections.
3. City/County/Public.  
Night/weekend meetings for public to verbally express themselves—can use cards like parking lots.  
Public officials e-mails/phones/ front page of paper.

## **Group 2**

Dispel rumors—identify and answer questions .

Perhaps subcommittee available to answer public questions to give the public fewer people to talk to.

Have Q and A with public more than once.

Dispel rumors using newspaper and city and county websites, and make a printed document available to public.

Short public comment section at all meetings with facilitator.

How questions come in, how questions are answered, how to get answers to public.

## **Group 3**

City/County/SVGH.

Appreciate city/county going to each others' meetings.

Improve this with personal contact.

Use internet more effectively.

Attend each others' meetings BOCC and SVGH—point—debrief healing—ESC Level.

City/County—(See Above).

City/County/Public.

Multiple methods.

Must use all as we can—need information contact locations.

## **Public Comment on what they need in communication plan:**

Want officials to hear what people think.

Want to know if community is being forced to have a volunteer fire department.

Would like facts.

Statutes.

Actual expenditures.

Actual response times.

Who wants what.

What are you willing to do to pay for what is proposed?

Have you considered costs of what is proposed?

Some proposals show a conflict of care—i.e. responding to DUI with injury.

Dispatch.

How is it done now? Why?

Should be an equal entity that is equally representative of all emergency agencies?

Explain why and how entities are sent to calls.

Explain how this is suppose to improve response times and quality of care.

What is your training and how can you help until help arrives?

Volunteers.

Who will these be?

How will they be trained?

If a volunteer has a job that does not allow “x” type of work, which job takes precedence (CDL drivers, fire fighters)?

Job Descriptions.

Individual statutes.

Is your heart in “x” ?