

Multnomah County Health Department  
Business Continuity Business Analysis Tool

BC Business Analysis Tool

Date: 7/25/06  
Rev date: 7/11/07  
2<sup>nd</sup> rev: 11/07  
Name: Patsy Kullberg  
Extension #: 26308

**Program Area: Medical Director    Priority: Immediately Critical**

<p><b>Activities/Services</b></p> <ol style="list-style-type: none"> <li>1. Medical authority and direction</li> <li>2. Clinical supervision of medical providers</li> <li>3. External communications relevant to medical direction</li> <li>4. Internal communications relevant to medical direction</li> </ol>	<p><b>Chain of Command (as of November 2007)</b></p> <p><b>Medical Director (Patsy Kullberg)</b>  <b>Asst Medical Director for Adult Health (Peter Hatcher)</b>  <b>Asst Medical Director for EMR &amp; Operations (Amit Shah)</b>  <b>Corrections Health Medical Director (Jim Bane)</b>  <b>HIV Medical Director (Mike MacVeigh)</b>  <b>ECHC CLP (Lupe Toledo)</b>  <b>MCHC CLP (Wayne Englander)</b>  <b>NEHC CLP (Lisa Sprague)</b>  <b>NPHC CLP (Joe Black)</b>  <b>WSHC CLP (Patsy Kullberg)</b></p>
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<u>People</u>			<u>Process</u>		
Current Practice	≤ 3 days Plan A	> 3 days Plan B	Current Practice	≤ 3 days Plan A	> 3 days Plan B
1. Medical Director, 2 Asst Medical Directors and 3 specialty medical directors, Director	All	All	CLC, CQC, CLPs, NP Leads meet monthly with Directors of Nursing, Pharmacy	First in command not involved in incident management is responsible for all	Same as Plan A

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of Mid Level Practice and 4 specialty NP Leads, Lead Social Worker, 2 admin secs, 4 Clinic Lead Providers			and Lab to set clinical policy, and develop and implement clinical procedures, and manage clinical QI. Liaison with admin through SLICS and other admin mtgs	aspects of clinical direction, delegates appropriately, liaisons with Business Continuity Admin and Incident Command and calls meetings, as needed.	
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**Program Area: Medical Direction Priority: Immediately Critical**

**Activities/Services**

1. Medical authority and direction
2. Clinical supervision of medical providers
3. External communications relevant to medical direction
4. Internal communications relevant to medical direction

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<u>Facilities</u>			<u>Technology/Equipment</u>		
Current Practice	≤ 3 days Plan A	> 3 days Plan B	Current Practice	≤ 3 days Plan A	> 3 days Plan B
1. Meetings in various locations within department and at external agencies	Meetings, when necessary, will take place in any convenient and accessible location	Same as Plan A	Cell phones, land lines, email, internet connection for technical resources	Same, as available and functioning	Same as Plan A
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**Program Area: Medical Direction Priority: Immediately Critical**

**Activities/Services**

1. Medical authority and direction
2. Clinical supervision of medical providers
3. External communications relevant to medical direction
4. Internal communications relevant to medical direction

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<b><u>Communication</u></b> <b><u>staff &amp; client</u></b>		
Current Practice	≤ 3 days Plan B	> 3 days Plan A
1. Face to face via med dirs, NP Leads, CLPs, site-based mgt, email, mint	Face-to-face, cell phone, email, mint, call-down trees, as available and functioning	Same as Plan A
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1) Date: \_\_\_\_\_ Reviewed and updated plan. \_\_\_\_\_  
Manager's signature

2) Date: \_\_\_\_\_ Reviewed plan with staff. \_\_\_\_\_  
Manager's signature

3) Date: \_\_\_\_\_ Reviewed plan with substitute staff. \_\_\_\_\_  
Manager's signature

4) Date: \_\_\_\_\_ Reviewed plan with a relevant stakeholders (i.e. vendors, contractors, & community reps.).  
\_\_\_\_\_  
Manager's signature