AHLA

A BRIEF GUIDE TO

Crisis Communications for Health Care Providers

ARE YOU READY?

Crisis Communication Guide

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A Brief Guide to Crisis Communications for Hospitals, Health Systems and Health Care Entities.

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This guide provides **easy access to crisis communications reference materials for health care executives, attorneys, communication professionals and providers**. Materials presented here not only provide guidelines for developing and executing a crisis communications plan but also offer a framework for retrospective analysis of the communications provided during a crisis. That analysis focuses on responses to the public, government oversight agencies and the media.

SECTION 1: Types of Health Care Crises

It is important for all health care providers to carefully consider their particular operations, markets, risks, strengths and weaknesses, and to be prepared to manage situations that could become crises. Below is a sampling of issues that may serve as a starting point for each entity to consider in the development of their own "hot list."

PUBLIC HEALTH RELATED ISSUES

1. Communicable diseases (Ebola, measles, etc.)

2. Mass infection/exposure

   » *Bioterrorism*

   » *Accidental exposure via leak or spill*

   » *Tainted blood supply*

   » *Tainted or mislabeled medication*

3. Mass casualty event

   » *Non-terrorism (plane crash, explosion, etc.)*

   » *Terrorism (bombing, mass shooting, etc.)*

4. Insufficient resources

   » *Strikes resulting in reduced work force*

   » *Mass casualties/injuries resulting in strain on available medical and personnel resources*

   » *Communicable disease adversely impacting work force*

LITIGATION ISSUES

1. Medical malpractice/Administrative or regulatory investigation
   - » *Medication misadministration, including wrong drug, wrong dosage, wrong patient, wrong route, wrong time, etc.*
   - » *Wrong site surgery*
   - » *Hospital-acquired infection*
   - » *Any significant allegations of poor patient care*

2. Policy changes

3. Unauthorized disclosure of confidential patient information

4. Loss of accreditation or licensure

5. Significant adverse jury award

6. Significant or high-profile allegations/suit

7. Allegations of significant violation of state/federal law
   - » *Stark violations*
   - » *Civil rights violations*
   - » *Medical records access/privacy and/or security breach*
   - » *Fraud and abuse*

8. Conditions of participation violations
   - » *Loss of deemed status*
   - » *"Immediate jeopardy" findings*

9. Sentinel event

10. Other regulatory investigations

STAFFING/EMPLOYEE ISSUES (MEDICAL STAFF)

1. Disruptive physician behavior

2. Falsified credentials

3. Malpractice allegations

4. Allegations of misconduct
   - » *Criminal and non-criminal*
   - » *Patient care related and non-patient care related*

STAFFING/EMPLOYEE ISSUES (NON-MEDICAL STAFF)

1. Embezzlement/other felonies

2. High profile employee incidents

3. Senior leadership compensation issues

4. General labor issues

5. Unionization efforts

6. Allegations of misconduct
   - » *Criminal and non-criminal*
   - » *Patient care related and non-patient care related*
   - » *Executive and non-executive staff*

ADMINISTRATIVE ISSUES

1. Mergers/acquisitions/partnerships

2. Reduction in force

3. Poor survey results

4. Poor patient safety/core measure/quality performance

5. Reimbursement irregularity

6. Public disclosure of poor financial performance

7. Charge-master discussion/confusion

8. Charity care discussions

9. Managed care terminations/negotiations

10. Service line closure/change

11. Sudden change in leadership

12. Strategic discussions

13. Change in administrative policies

14. Billing errors

15. OCR audit or investigation

PATIENT CARE ISSUES

1. Missing patients

2. Patient suicides

3. Patient assaults

4. Amber alerts

5. Infant abductions

6. The Joint Commission review findings

7. Patients taken hostage

8. Mass evacuation

9. Medical/surgical device flaw

10. VIP patient treatment

STRUCTURAL/FACILITY ISSUES

1. Damage to facility or clinic (fire, car crashing into facility, etc.)

2. Utility shutdown or disruption (weather-related, non-payment, error by utility or construction workers)

3. Terrorism

4. Workplace violence

5. Hostage situation

6. Active shooter

7. Nuclear accidents

8. Weather-related issue (snow/ice storms, flood, tornado, earthquake, etc.)

CYBERSECURITY

1. Impacts on electronic health/medical records
   » *Unauthorized disclosure of records/information*
   » *Unauthorized alteration of electronic medical records*
   » *Theft/destruction of electronic medical records*

2. Impacts on billing/point of service
   » *Improper payments and reimbursement*
   » *Coding changes*

3. Impacts on patient care devices, such as ventilators and IV pumps

4. Ransomware or other malware attack on core systems

5. Economic espionage

MISCELLANEOUS
Identify and categorize generic critical incidents that may arise suddenly or cannot be managed to remain mere issues.

SECTION 2: Crisis Communications Preparation

Each entity should create a crisis communications plan. When creating the plan, the following elements should be taken into account.

IDENTIFY POTENTIAL VARIABLES IN EACH INCIDENT THAT COULD IMPACT THE METHOD AND CONTENT OF CRISIS COMMUNICATIONS

IDENTIFY KEY STAKEHOLDERS TO PARTICIPATE IN THE COMMUNICATIONS RESPONSE AND CLEARLY DEFINE ROLES FOR EACH PARTICIPANT

1. Establish a crisis communications team to lead creation and implementation of strategy and messaging. Define who can say what and to whom.

2. Designate an organization spokesperson:

   » *The spokesperson may be different depending on the nature of the crisis. He or she should be available, knowledgeable in the subject matter relative to the crisis, articulate, comfortable answering difficult questions and able to remain calm under pressure.*

   » *Consider providing media training for the spokesperson.*

   » *Establish the most important messages relative to the crisis and ensure that they are represented in all public statements and communication tactics.*

ESTABLISHMENT OF A PHONE TREE OR CHAIN OF COMMAND FOR COMMUNICATION

1. Know what to do in the first five minutes:

   » *Who to call and in what order they should be contacted*

   » *How to prioritize patient care, securing the area and/or securing potential evidence*

   » *Prioritize patient vs. employee protection*

MEDIA CONSIDERATIONS

Proactively engage members of the news media and introduce them to your organization before a crisis.

UNDERSTAND KEYS TO EFFECTIVE COMMUNICATION

1. Build trust with your audiences:

   » *Provide facts*

   » *Be honest*

   » *Follow up when you agree to do so, even if additional information is not available*

   » *Do not speculate or exaggerate*

2. Know your audiences and what is important to them. Understand who should receive the information and adjust the messages and methods of delivery based on the needs of each audience.

3. Develop effective internal communication channels (board of directors, employees, providers, volunteers, etc.):

   » *Decide if it would be helpful to your organization to categorize crises by severity to calibrate response*

   » *Determine what means of communication will work best in your organization (phones, intercom, radio, email, etc.)*

KEEP IN MIND

Some methods of communication may not be available depending on the crisis at hand (mobile phones may trigger a bomb, weather may knock out cell signals or internet, etc.). Have an alternate communication method ready in the event the primary method is unavailable.

4. Determine who the primary contact person is for government agencies and other organizations and first response personnel who may have relevant information to share.

5. Make sure that reputational risks are included in the crisis operational plan.

SECTION 3: During the Crisis

KEY INITIAL TASKS FOR CRISIS COMMUNICATIONS TEAM

1. Determine whether an Incident Command Center is to be established (depends on nature of crisis)

2. Bring together the crisis communications team in a pre-designated Joint Information Center or Incident Command Center

3. Establish process, procedures and guiding principles

4. Determine communications strategy (proactive vs. reactive, news briefing vs. statement, etc.)

5. Identify spokesperson

6. Identify information authorities; confirm the facts

7. Determine content of initial key messages

8. Deliver messages through pre-established crisis communications channels (web, email, texting, key media contacts via advisory, etc.) to critical internal and external audiences, with internal audiences notified first if at all possible

9. Determine if external crisis communications counsel/support is needed

EARLY FOLLOW-UP TASKS FOR CRISIS COMMUNICATIONS TEAM

1. Augment/refine messaging as more information becomes available and confirmed

2. Prepare initial media statement and/or media briefing

3. Activate media center (if briefings will occur)

4. Identify key audiences (internal and external)

5. Determine staffing for immediate response and ongoing response

6. Tailor information for audiences and for multimedia platforms

7. Reach out to public relations representatives at key local/state/federal agencies to link with Joint Information Center, as appropriate

ONGOING FOLLOW-UP

1. Update key internal stakeholders

2. Hold news briefings/conferences, as needed and appropriate

3. Monitor mainstream media/social media channels; clarify or correct inaccurate information, as appropriate

4. Identify second tier of stakeholders (volunteers, providers, neighbors, etc.) who need to be informed after immediate crisis has passed

WHEN IMPLEMENTING THE PLAN

1. Explain why you are unable to share certain details

2. Maintain focus on short and long-term goals

3. Determine what patient information can be released, given state and federal privacy restrictions

4. Stay calm and professional

SECTION 4: Post-Crisis Evaluation

CONDUCT A POST-CRISIS EVALUATION WITH MEMBERS OF THE TEAM

1. What lessons were learned?

2. What could have been done better?

3. Where did we excel?

4. Do policies need to be amended?

5. What type of training could have improved our response?

6. Identify any actions that prevented the problem from becoming worse and may help prevent a recurrence.

7. Develop remediation plan to address any reputational damage.

NOTES

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