



Building ‘Muscle Memory’ in Public Information Officers

BRIAN REARDON

A disaster situation calls for a consistent, coordinated and timely flow of information in order to give the greatest support to the response and recovery effort. The critical role of a hospital public information officer communicating accurate messages to internal audiences and the general public before, during and after a disaster is recognized by the U.S. Department of Homeland Security’s Federal Emergency Management Agency.¹ To assist public information officers in their roles and to help them acquire practical knowledge, FEMA offers a series of free training courses and materials.²

To get a sense of the role that Catholic health system and hospital public information officers play in disaster preparedness and response, CHA surveyed a number of these professionals in the summer of 2019 to gauge their level of participation and training within their organization’s incident command system and/or emergency operations plan.³ Hospitals establish such systems and plans as part of FEMA’s National Incident Management System, which provides a consistent framework for incident management, regardless of the size or complexity of the incident.⁴

VIEW FROM THE FIELD

The CHA public information survey was completed by 31 colleagues from Catholic health systems and hospitals. The purpose of the survey was fourfold: to determine their level of involvement in providing input to the development and updates of their organization’s incident command system and emergency operations plan; to evaluate the frequency of their participation in disaster preparedness drills and briefings; to gauge how often they’ve staffed an activated emergency operations center during an incident; and to determine whether they’ve received formal training and the type of training provided.

What follows are the first six questions and

summary of the answers (not all 31 respondents answered every question).

1. As a public information officer/communications official, how often do you participate in emergency preparedness drills?

- a. More than once a year – 17
- b. About once a year – 7
- c. Every two or three years – 1
- d. Have not in three years – 2

2. Have you undergone formal training for emergency preparedness?

- a. Yes – 23
- b. No – 4

3. What type of training program did you attend?

- a. FEMA – 9
- b. State agency – 4
- c. Local – 6
- d. Red Cross – 1

4. How many times have you served in an Emergency Operations Center activated as the result of an event?

- a. More than five – 15
- b. Two to four – 5
- c. Once – 2
- d. Never – 4

5. Have you been involved in the creation or updating of your organization's emergency operations plan?

- a. Yes – 21
- b. No – 5

6. Have you participated in presentations to the Joint Commission or another regulatory agency on your organization's emergency operations plan?

- a. Yes – 4
- b. No – 22

The final question in the survey was fairly open-ended as it asked if there was one thing about their role within the emergency operations structure that they wanted to share (such as lessons learned, helpful resources, and challenges).

In reviewing the survey responses, there are a few findings that should be of interest to Catholic health care leaders who oversee their organization's incident command structure.

First, less than half of the public information officers who responded indicated they had gone through FEMA training. As noted earlier, there is no cost to attend the training and as one of the respondents said, "every hospital leader — PIO or not — should take advantage of the FEMA training opportunities." According to Phil Politano, the course manager for FEMA's Emergency Management Institute's Public Information Academy, "all (of the institute's) independent study courses are free. Courses conducted on our Emmitsburg, Maryland, campus are free of charge. There is a reimbursement schedule for students that mostly, if not completely, covers travel. Lodging is provided on campus."

Catholic health care is apparently not unique when it comes to forgoing FEMA public information officer training. Politano reports that during the past four years, only 57 of the 812 students who enrolled in one of the FEMA courses for public information officers indicated they worked in health care. Politano adds, "We could always see more. I believe there is a challenge for hospital PIOs to receive our training opportunities due to lack of awareness and appreciation (for the value of the training) among leadership."

While there are opportunities to increase participation in formal training for public information officers, the survey indicates that partici-

pation in annual (or more frequent) drills is the norm for Catholic health care communicators. As one survey respondent commented, "Drill, drill, and then drill some more. When the actual event happens, you go into autopilot with your training."

When hospital staff participate in local disaster preparedness drills with law enforcement, emergency medical services, public health departments, and other hospitals and medical providers, FEMA's Joint Information System provides the framework that allows them to "coordinate and integrate communication efforts to ensure that the public receives a consistent and comprehensive message."⁵ One survey participant reinforced the importance of operating within the joint information system during a disaster by commenting, "communications planning is a team exercise — working in a silo or just within your own organization is not effective." The coordination of communication required among different organizations during a disaster is another reason to have public information officers attend some form of FEMA training.

Administrators might consider the benefits of having public information officers attend meetings where the hospital's emergency operations plan is being reviewed by The Joint Commission or other regulators. As the survey shows, only 15 percent of the respondents to that question said they have attended such meetings. Even if the public information officer is not required to present information on their role or the communications component of a plan, being present to hear the discussion can be another valuable part of their preparation.

The final takeaway from the survey is that a majority of public information officers have gained valuable experience working in an emergency operations center and contributing to their organization's emergency operations plan. This allows them to make adjustments to how they communicate in times of disaster. For example, several respondents commented that social media continues to play a larger role in disseminating information. "Twitter isn't a huge audience for average daily posts, but in an emergency that is where media tend to get most of their information. Things move too fast and Twitter was the way we were releasing updates throughout the event," commented one public information officer. Other

comments underscored the importance of having “analog” means of communicating and making sure to have important information in hard copy form in case of interruptions to the power supply or cellular service. As an example of this, CHRISTUS Health public information officers said during Hurricane Harvey they printed out updates that had been emailed and distributed hard copies to staff on the floors.

PERSONAL EXPERIENCE

I served as a hospital public information officer for HSHS St. John’s Hospital in Springfield, Ill., during my seven years as its community relations director. During my first week on the job, I was oriented to the hospital’s emergency operations plan and incident command center. Over subsequent years I attended National Incident Management System training, took part in community-wide disaster drills, sat through table-top exercises and Joint Committee briefings, and worked in St. John’s emergency operations center during various incidents.

St. John’s had a robust incident command structure that went beyond preparing and responding to major accidents, weather incidents, a presidential visit, or flu outbreak. My public information officer responsibilities kicked in on a regular basis when I received a page from the administrator on call, with incidents ranging from a minor fender bender on campus to an assault on a member of the medical staff. Regardless of the severity of the incident, I was trained on how to respond. The knowledge I gained during drills and formal training programs provided the needed “muscle memory” for me to quickly obtain the necessary information, and then write, format and deliver that information for internal and external audiences with an understanding of how information from the hospital fit within the context of the overall message to the community.

Every time we conducted a drill, I learned something new. During one drill, I remember feeling pretty good about how our media command center (which was kept separate from the emergency operations center) was performing in relaying information between the incident commander and the mock media members. Part of the function of the media center was to provide basic

patient information to the public about victims of the incident. In some scenarios, a relative of a victim would present at the front desk to ask about the patient’s condition. To keep us on our toes, the drill organizers had someone ask for an update, speaking in French. While Spanish interpreters were readily available during the drill, we did not have French-speaking staff available (at least to the best of my knowledge at the time). While I should’ve had our contracted phone translation service at the ready, I was caught off-guard. Following the drill, the phone number to the translation service was always part of the public informa-

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— SURVEY RESPONDENT

tion officer call-sheet that our community relations team carried around.

As a hospital public information officer, I was fortunate to have the necessary training and preparation that allowed me to function effectively within the hospital’s incident command structure. I knew who to contact, what information was most critical to share, and how HIPAA regulations, for example, affect what we can and cannot share with the media and public.

CONCLUSION

Often the role of a public information officer is viewed somewhat narrowly as simply being the “mouthpiece” for an organization. Because many public information officers have backgrounds in journalism, public relations and mass communications studies, they have the skill sets to serve as highly effective communicators for their organizations. But in times of disaster, being able to get the message right and get it out quickly is not enough. Public information officers need to understand not only the “who, what, when and where” but also the “how.” Because FEMA sets the national framework for how hospitals and other organizations handle disasters, hospital public information officers can benefit greatly from participating in training specifically designed for their roles in times of disaster.

RESOURCES

To learn more visit about FEMA training opportunities for public information officers visit:
<https://training.fema.gov/programs/pio/>

To view FEMA's public information officer training schedule, visit: <https://training.fema.gov/programs/pio/trainops.aspx>

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NOTES

1. "NIMS Implementation for Healthcare Organizations Guidance," Objective 11, January 2015, <https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/nims-implementation-guide-jan2015.pdf>.

2. "Basic Guidance for Public Information Officers (PIOs) National Incident Management System (NIMS)," Federal Emergency Management Agency, November 2007, https://www.fema.gov/media-library-data/20130726-1623-20490-0276/basic_guidance_for_pios_final_draft_12_06_07.pdf.

3. "Developing and Maintaining Emergency Operations Plans-Comprehensive Preparedness Guide (CPG) 101," Version 2.0, FEMA, November 2010, https://www.fema.gov/media-library-data/20130726-1828-25045-0014/cpg_101_comprehensive_preparedness_guide_developing_and_maintaining_emergency_operations_plans_2010.pdf.

4. *National Incident Management System*, Third Edition, FEMA, October 2017, https://www.fema.gov/media-library-data/1508151197225-ced8c60378c3936adb-92c1a3ee6f6564/FINAL_NIMS_2017.pdf.

5. *National Incident Management System*, 42.

Upcoming Events

International Outreach Networking Call

Nov. 6 | 3:30 p.m. ET

Navigating the New Wired World: An Exploration of the Ethical Considerations of Online Searching for Patient Information

Nov. 19 | Noon ET

Mission in Long-Term Care Networking Conference Call

Dec. 3 | 3 p.m. ET

Faith Community Nurse Networking Call

Dec. 10 | 3 p.m. ET

Human Trafficking Networking Call

Dec. 12 | Noon ET

2020

International Outreach Networking Call

Feb. 5 | 3:30 p.m. ET

Critical Conversations 2020

Feb. 12 – 13

Atlanta

(Invitation only)

Diversity and Disparities Networking Call

Feb. 19 | 1 p.m. ET



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