Using Technology to Improve Crisis Response

BY RHODA WEISS

Be prepared. These two simple words form the basics of crisis planning for health care organizations. Whether the issue is financial, legal, clinical, staff-related, or church-related, every Catholic entity should have in place a comprehensive crisis communications plan that enables the organization to quickly and humanely address the problem at hand.

A "crisis" is defined by the Institute for Crisis Management, Louisville, KY, as having several key characteristics:

- The element of surprise
- Extensive public scrutiny
- Extensive news coverage
- An adverse affect on normal operations
- An impact exceeding the organization's normal capacity to respond
- Insufficient information
- An escalating flow of events
- Loss of control

Today's savvy organizations are integrating technology into their crisis planning.

Technology Can Make the Difference

"How an organization responds to a crisis can mark its reputation for good or ill, for years," says Fred Bagg, director of community relations and marketing, St. Francis Hospital & Health Centers in Indianapolis, IN. "Use of technology can help any organization respond more quickly, effectively, and confidently, improving the chance of a positive outcome in the court of public opinion."

A response to a crisis must be immediate, open, honest, accurate, focused, and launched with a clear message, according to Bagg. The greater the use of technology in this response, the greater will be the organization's ability to expand its capacity to respond to the crisis and the more quickly the crisis can be handled.

"Technology can reduce the effect of the elements by which we define a crisis," says Bagg. The element of surprise can often be muted if the organization's managers have, by paying close attention to their environment, seen the problem coming and prepared for it; or, if once the problem has occurred, they launch quick and efficient communications about it. Hospital websites, with subscriptions to news and weather services, can help reduce surprise in some instances. Prepared statements containing fill-in-the-blank elements that the organization can immediately disseminate via broadcast voice mail, broadcast fax, broadcast e-mail, and "uploading" on the hospital's website will reduce the element of surprise among key audiences and help kick-start the response.

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Keep Databases Up to Date

One thing is especially crucial for organizations facing a crisis: fast, effective notification of the key personnel needed to respond to it.

"Databases should be preprogrammed with phone numbers and addresses for broadcast fax, mass e-mails, and broadcast voice mails," says Bagg. "Key members of the hospital's crisis response teams should wear preprogrammed group alphanumeric pagers. Key 'contact lists' should be maintained not only on the hospital's computer databases but also on personal digital assistants (PDAs) carried by executives and key members of the response team."

> For instance, the organization's public relations professional should have key media contacts programmed into his or her PDA [Bagg continues]. The facilities manager might have key vendor contacts such as movers or office supply vendors programmed into his or her PDA. Executives might have key government officials and members of the management team in their PDAs. PDAs can also carry e-versions of the organization's crisis response plan, and can be used in concert with infrared-equipped laptop computers to download information gathered as the crisis continues.

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The hospital website should have a media center.

Organizations should ensure that once a crisis occurs, their command centers are equipped with the necessary technology and their media centers are set up to respond to the crisis, Bagg says. This preparation should include room or location assignments where T1 lines for Internet use may be accessed and where copiers, fax machines, laptop computers, PDAs, or walkie-talkies are readily available. The media center should be equipped with a radio, TV/VCR, a computer with a projector, a lectern, and other equipment that might be needed by broadcast or print reporters as the crisis wears on. The command center of a multihospital system should also be equipped with teleconferencing or videoconferencing equipment.

"In these tough times, it is often difficult to fund all the equipment that might be needed in a crisis, but having good relationships with vendors and arranging pre-set lease or rental agreements with them can solve that problem at a low cost," says Bagg. Agreements can also be set up for delivery of cell phones or walkie-talkies or the activation of 1-800 or 1-888 "hotline" numbers.

A Word about Media Relations

Now a word about media relations: The hospital's website should have a media center with a crisis or disaster section (hidden or open) that can be accessed through the Internet with a password so that information can quickly be posted, photographs uploaded, and background information made available to the media. This reduces the amount of time public relations professionals will have to spend on the phone with media representatives, thereby giving them more time to gather information, develop appropriate statements, and help make strategy decisions as the crisis evolves.

"Effective use of the media center on your website can help you reduce confusion, respond to rumors, and assist in facilitating work with the media," Bagg says.

St. Francis Hospital & Health Centers' media center is a good example. The site (www.media.stfrancishospitals.org) is set up with a "third-level domain" so that media representatives can bypass St. Francis's home page and go directly to the media center. The center contains background information, facility data, and biographical material about its leadership and a dedicated disaster/crisis section. On this section of the site, media representatives can learn of the hospital's policy and procedures in a crisis, access guidelines for the media, contact members of the hospital's community relations department, and access a log of events related to the particular crisis.

"Hospitals across the country have been upgrading their crisis planning since September 11, 2001, but few have thought about the role technology can play in that planning and response process," Bagg says. □

REFLECTIONS

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were cogently summarized in an oped column that appeared in the *Boston Globe* of December 15, 2002. The piece was coauthored by Michael Collins, MD, a former chair and current board member of CHA, and Richard M. Freeland, president of Northeastern University. They wrote:

> But much more needs to be done. We need to finance health care at a level that enables hospitals to increase caregiver time and lower patient-to-staff ratios, thus reducing burnout among workers. That means changes in Medicaid, Medicare, and the private payer system so reimbursements come closer to covering the actual costs of providing care. We also need to expand retraining for existing staff and provide opportunities for career advancement tied to skill enhancement, through both formal classroom instruction and clinical learning—especially critical given rapid technological changes.
>
> Reasonable workloads, employment stability, decent pay and benefits, and a chance for upward mobility are important, but attracting and retaining more health care professionals requires something more. We must organize the delivery of patient services in a way that honors the values that have motivated so many dedicated staff to the service of those in need of care. For it is that motivation and dedication upon which the future health of our Commonwealth depends.

The test of whether we are successful will be quite simple: Will my "guardian angel" nurse feel at home in Catholic health care? □

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