

Crisis Communications

BY RHODA WEISS

Leaders at Daniel Freeman hospitals in Inglewood and Marina del Rey, CA, and at St. Francis Hospital Center, Beech Grove, IN, know the value of effective crisis communications.

The California hospitals have been involved in three events that caught the attention not only of the local community, but of the world as well. And St. Francis was the site of a tragedy that continues to attract media attention.

- In 1990 college basketball star Hank Gathers, who had earlier been treated by a cardiologist at the Daniel Freeman Memorial Hospital in Inglewood, was pronounced dead in the Marina hospital's emergency department.

- In 1991 injured passengers and crew from a U.S. Air crash at Los Angeles International Airport went to both Daniel Freeman hospitals.

- Earlier this year, during the first night of the Los Angeles riots, the Inglewood hospital received the majority of victims, including the most famous, truck driver Reginald Denny.

- Nearly four years ago, the parking garage at St. Francis Hospital Center was the scene of the murder of one of its most loved managers. With the case never solved, both local and national media continue their inquiries.

- St. Francis has also contended with a \$10 million jury award against the hospital in a lawsuit and a bidding war and competitors' buyout of a hospital in its service area.

HANDLING THE SPOTLIGHT

Fortunately for these hospitals, their communications professionals are experienced in the art of crisis communications.

Mary Schnack, director of public relations for Daniel Freeman, is available to the media 24 hours a day. "Many in the media are amazed by our openness to them, but we understand they have a job to do," says Schnack.

Schnack, a former newspaper reporter and television producer, offers an annual in-service education program to executive staff and nurse man-



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agers on what information they can and cannot give to the media. "I hear many comments like, 'Why can't these people just leave us, or our patients, alone?' I point out that the media would not be after these stories if their audience, our community, wasn't interested."

In all the major crises, Daniel Freeman used press conferences extensively. One was quickly arranged to announce the death of Gathers. The morning after the air crash, Schnack set up a press conference with two of the emergency room physicians and one of the victims who was being discharged.

Daniel Freeman held four press conferences during the riots. Emergency room physicians, nurses, and social workers spoke at the first one; the neurosurgeon who operated on Denny at the second; Denny's family members and reconstructive facial surgeons at the third; and Arsenio Hall, Rev. Jesse Jackson, and some of the Catholic sisters who had accompanied them on a tour of the hospital at the last conference.

"The press conference disseminates information to everybody equally, and often you get live coverage of such events," says Schnack. "It also gives the reporters something to work with. Many times I can't give them what they're actually asking for—such as an interview with Denny, or the copilot of the plane after the crash, or family members of victims—but I can give them something to use in a story.

"This also gives the hospital an opportunity to highlight the quality of its staff. And it doesn't hurt in-house, for example, when nurses see that you're giving a lot of exposure to the good job they do."

Being in the media spotlight can be exhausting, Schnack adds. "But whether you want the exposure or not, you have to deal with the media onslaught, so you might as well take advantage of it." Schnack suggests that, in addition to providing 24-hour access to information and setting up press conferences, hospital communicators can do the following:

- Remember the trade press. Religious, ethnic, and medical newspapers, magazines, and television stations can provide a lot of exposure. During the riots, Daniel Freeman was featured in such publications as *Catholic Health World*, *Emergency Medical Services Journal*, *Respiratory Therapy Digest*, and even *American Laundry Digest*.

- Come up with long-range story ideas immediately. Two weeks after a crisis, the event will be old news. Daniel Freeman immediately started tying in the cost of providing health-care during the riots (80 percent of those treated had no means of payment) to the larger healthcare crisis issue. After Hank Gathers's death, interviews on athletes and sudden death were arranged with Daniel Freeman cardiologists.

- If key people are unavailable for interviews, release a statement from them. When Reginald Denny refused to grant media interviews, Schnack worked with him on two statements. She had worked with his family while he was still in a coma.

- Treat everyone equally. If you do not allow access to the emergency department, for example, do not break the rules for one reporter or news crew.

- As a backdrop to your press conference, put up a banner that identifies your institution.

- Involve the staff in the process. Make copies of the media stories available to everyone. Schedule a lunchtime video showing of the television reports. Thank individuals and departments in the employee newsletter.

- Most important, remember to thank your staff on an ongoing basis. Media attention for both the Hank Gathers and riot crises lasted more than two weeks. During such periods of prolonged exposure, staff will wear out if they feel unappreciated.

BEING PREPARED

Preparation is the key to handling crisis communications, according to Frederick Bagg, director of community relations at St. Francis Hospital Center.

"It's a fact of a communicator's life that crises will occur," says Bagg. "That planning and preparation can improve response to a crisis is a matter of record. Although planning does not



A press conference held during the Los Angeles riots kept the media up-to-date on Daniel Freeman hospitals' response.

necessarily prepare communicators for a specific event, it can free them to deal with the unknowns while the system they have set in motion deals with anticipated aspects of the problem."

Bagg likens crisis to a wave that washes over an organization and its publics. An accident (event) occurs, which directly affects members of the organization. This first "wave," according to Bagg, demands an operational response to deal with immediate problems such as injuries. As it "breaks," a second wave—perhaps bigger than the first—begins to crest. This is the wave of crisis communication, caused as multiple publics demand accurate and timely information about the crisis and the organization's response to it. These demands may not come for days, weeks, or even months after the real crisis has occurred.

"In most organizations, particularly hospitals, contingency plans and action plans are ready for the operational response to a crisis—that first wave," explains Bagg. "But few organizations are really ready for the separate crisis brought on by challenges and opportunities in communications—the second wave."

Before a Crisis Bagg suggests that communicators develop a structured approach to managing crisis communications. Before a crisis occurs, communicators should do the following:

- Establish a crisis communications team to identify potential sources of crisis, oversee communications during a crisis, and follow up after a crisis.
- Describe team responsibilities, including who

will be the spokesperson or press center coordinator, command post manager, and courier, as well as who will take charge of press center setup and security and who will manage clerical duties. You might select different key spokespersons to handle different types of crises (e.g., a top financial or administrative person for a financial or business crisis, an emergency physician or specialist for a crisis involving injury or illness).

- Collect names and phone numbers of key people (including managers, experts, and media contacts).

- Institute procedures for coordinating information flow. These should include a mechanism for obtaining qualified help early in the crisis, when the phones are ringing off the hook and



misinformation is at its highest.

- Distribute media kits on key personnel and the organization. These should include such items as photos, slides (horizontal color slides for TV), videotapes, sample press release forms, and sample news releases. When the employee was murdered late on a Friday afternoon, St. Francis happened to have files containing four photographs of him. Since then, the hospital has developed photo files and biographies on all top managers.

- Anticipate questions and prepare potential answers for future use. One way to do this is to use local college journalism classes and staff to conduct drills using the most likely scenarios.

Continued on page 71

PUTTING THE PLAN INTO ACTION

Frederick Bagg had been at St. Francis Hospital Center, Beech Grove, IN, for nearly 10 years and had been trained and tested in crisis communication. In the Air Force, he had been "one of the guys who had to explain why the airplane fell out of the sky." St. Francis's crisis plan was up-to-date, and drills had been run. Regular meetings on the hospital's crisis communications plan had been conducted with top managers to clarify information flow in case of disaster. Under the hospital's "pyramid alert" plan, Bagg would notify one of three staff members, who in turn would begin to notify others in the organization.

Despite the planning, nothing really prepared Bagg for the beeper going off four years ago when he learned that hospital employee Charles McGraw had been murdered in the hospital's parking garage. "Charlie had been the hospital's director of food services for 22 years," recalls Bagg. "Charlie had been a friend of mine. I couldn't believe the call that told me Charlie had been found dead in his car on that Friday evening."

When Bagg initiated the Community Relations Department's pyramid alert program, he could not reach any of the three staff members. The hospital's phone was ringing off the hook, re-

porters were on their way to the hospital, and, to complicate matters, McGraw's wife and children were at a church festival and had not been told. Rumors were spreading throughout the hospital.

As director of community relations of a Catholic healthcare facility, Bagg realized that his first and primary audience was internal—the hospital, family, and other friends of the victim. He immediately arranged to have representatives from the hospital's pastoral care and legal department accompany the state police officer who informed the victim's spouse of the murder.

Although the timing of the incident forced Bagg to deal with the press alone, he did have a "breather." The story broke too late for the television evening news, giving him three hours before the late night news. Print media deadlines for the next day could be easily met, so instead of setting up a hasty press conference, he granted several individual interviews with primary press representatives. The previous year McGraw had been the subject of a feature in the employee magazine, so Bagg had biographical material and photographs available in the files.

The crisis communications plan worked. All employees knew to refer press to community relations, and

despite the "sensationalistic" nature of the crisis, no unauthorized interviews occurred. "Prior work with the news media paid off in credibility and in patience as news sources waited for me to respond to them individually, each knowing that I was aware of their deadlines and feeling assured that I would make every effort to meet those deadlines," says Bagg. Prepared background information on the hospital allowed him to focus on the story at hand.

Instead of releasing information to the press first and then informing internal audiences about what happened, Bagg reversed the process—preparing bulletin board notices and then releasing them as soon as he could to the news media. When articles appeared in the print media during the following hectic days, Bagg posted them with updated memos indicating what was new. Follow-up continued for weeks as the police investigation progressed, as the funeral was held, and as the hospital responded to employee concerns and needs.

Since the McGraw murder, the hospital has modified its crisis communication plan to be prepared for more internal crises. "We have now compiled biographies on all top managers and have archival photos in place," says Bagg.

As the crisis dies down, communicators should take stock of their performance and begin again to plan for the future.

Another important part of planning for crisis is to prepare managers for open communication. How open they can be depends partially on the corporate culture, but Bagg suggests that communicators:

- Share case studies of successful and unsuccessful crisis communications stories with top managers.
- Conduct briefings and workshops on crisis communications and dealing with the media.
- Conduct crisis communications drills in concert with regular hospital disaster drills.
- Have managers read appropriate books and articles on possible crisis scenarios and communications strategies.

During the Crisis A well-planned approach will facilitate communications during a crisis. Bagg suggests the following tactics:

- Centralize the flow of information. Do not change players during the crisis. The media and others should deal with a consistent, clear source of information.
- Inform affected publics in the most effective way—this usually means as quickly as possible.
- Respond to the media openly, quickly, and informatively. Many crisis plans have a built-in response time for dealing with the media. At St. Francis, it calls for updated information every half hour.
- Keep media and other audiences informed as the crisis evolves. In the days following the murder, the hospital continually filed reports, memos, and other communications.

- Monitor broadcast and print coverage. Either arrange for taping and clipping as part of the responsibilities of a crisis-response team member, or subscribe to a service.

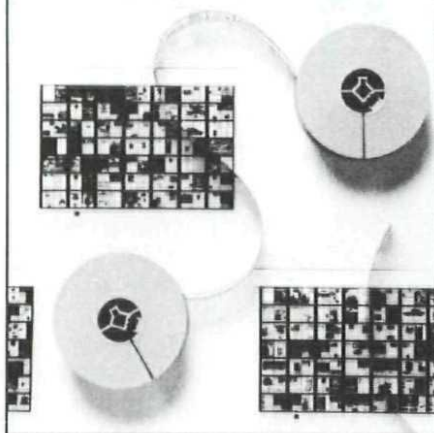
After the Crisis As the crisis dies down, communicators should take stock of their performance and begin again to plan for the future.

- Write up a brief report of causes of the crisis, review peoples' responsibilities, assess successes and failures in responding to the crisis, and recommend changes. Some managers may need to be reminded that such reports serve no purpose in files: They should be incorporated into plans and acted on in follow-up drills. Whenever possible, implement appropriate management programs to prevent this type of crisis from occurring in the future.

- Identify audiences who need follow-up, such as media, employees, and families—and follow up. As recently as this spring—four years after the murder—St. Francis was responding to media calls, including a request to appear on the "Unsolved Mysteries" TV show. The California earthquakes and Midwest floods are more recent examples of the need for ongoing communication after the crisis.

By separating your operational response to an event from your communications response to the event, you can be "better prepared to ride the second wave of any crisis," Bagg says. "Solid preparation will aid any organization in responding to the dangers of a crisis by seizing the opportunity to show its competence, stability, and responsiveness." □

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