

Disaster Crisis Communication Preparedness for Healthcare

Robert C. Chandler, Ph.D.

Introduction

Hurricane Katrina in 2005, the H1N1 pandemic in 2009, and Superstorm Sandy in 2012 were large-scale crises that have amplified the urgency of disaster preparedness for hospitals and healthcare professionals. As urban populations continue to increase, hospital patient-surge capacity is a significant variable. Meanwhile, healthcare organizations, themselves, are increasingly large and complex, with multiple-hospital and clinical team structures that have varying organizational structures within them. Add to those challenges new regulatory requirements, ongoing healthcare reform and insurance changes, the emergence of the electronic health record, and HIPAA-compliance issues. Considering these factors, it is certain that large-scale crises present the hospital with the simultaneous need for effectively receiving, communicating, and documenting a surge of critical information.

Crisis Communication Plans Need to Be Wide-Ranging

As new, improved technologies and medical specializations emerge, modern healthcare offers more varied and effective life-saving capabilities and options for disaster response. However, with increased scope often comes greater logistical complexity and the need for more detailed, targeted communication. The already heavy critical demands on the E.R. for triage and emergency management will suddenly be amplified and complicated during disaster or crisis response. At the same time, options to contact and reach necessary additional team personnel may be disrupted. There are also widely divergent potential scenarios for crisis response that depend upon the type of disaster that may occur and the actual impacts created; a hospital's crisis response planning for a pandemic outbreak differs greatly to that of a severe hurricane.

What these factors centrally point to, and what recent large-scale disasters have proven to be inevitable, is that detailed, well-planned, pre-rehearsed, and *highly individualized crisis communication processes for healthcare* must be at the ready for various types of disaster crises that might occur. Further, these processes must be tailored to the predicted impacts of each potential disaster on the functioning capabilities of the facility. A variety of scenario-related, role-related preparedness drills should be carried out systematically throughout the year, every year, in order for appropriate staff to remain optimally trained and prepared. In addition, emergency notifications and other aspects of disaster-related communication for hospitals should always have several appropriate communication channel redundancies built into their planning. Ideally, this planning consists of local, research-driven functionality that streamlines and directs communication simultaneously and sequentially as it pertains to changing situational factors and stages of the crisis as it unfolds.

Realistically, in order for hospital personnel to be able to respond quickly and most effectively should a mass casualty or other disaster event occur, there must be team-based systems and crisis leadership ready to deploy and to adapt to the needs and challenges that arise. Best practices for hospital emergency response during disaster is an emerging, evolving field, affected greatly by changing technology, and deserving of ongoing research and sharing of knowledge worldwide.

The Hospital Incident Command System for Emergency Management

On the day of the Boston Marathon bombings in 2013, three people were killed almost instantly. Of the 264 people who were injured and arrived at the hospitals alive, however, not a single patient died. In this instance, hundreds of trained medical professionals were already on site, stationed at first-aid areas customarily provided at public athletic events for large municipalities. Hundreds of police and other first responders were also at hand, in case of emergency, making it possible for Incident Command System functions to quickly form and move into action immediately.

The concept of the Incident Command System (ICS) was created by firefighters in California after the series of wildfires that took place in 1970. In the ICS approach, according to preplanned, outlined, and rehearsed guidelines, first responders establish a temporary leadership structure at the location. This temporary line of command is consolidated and clear, nomenclature is uniform, and responders from multiple jurisdictions can act immediately with coordination using known, connected resources.

Eventually, the ICS concept was additionally adapted into what ultimately became known as the Hospital Incident Command System, or HICS. Sponsored by the California Emergency Medical Services Authority (EMSA) and supported by other contributing agencies, the HICS is an “all-hazards” emergency management tool that assists hospitals to prepare for, respond to, and recover from disaster crises, mass casualty incidents, or system failure events. It is designed to align with familiar community ICS functioning. The HICS guidebook and related tools were updated in May 2014, and contain a great deal of helpful planning information. The guidebook is available without charge to the public at the [EMSA website](#).

Communication Considerations for Disaster Response

It is important to appreciate that logistical and technological variables in disaster response for hospitals evolve with new data, including increased knowledge gained from real-world instances. The role and impact of new technology can change through progressive disasters as both tools reach maturity and their adoption grows. Social media, for example, is just one variable and is an ongoing, evolving study on its own. For hospitals, understanding underlying technology is a crucial factor in planning which types of communication channels to use in which instances by which teams, a critically important focus deserving of detailed self-assessment, planning, and management. The functionality and availability of wireless technology is one issue, the option for visual messaging is another, planning for communication-channel redundancy in the event of power or system failure is yet another aspect. In many hospitals and clinics, large numbers of staff will be without access to computers or wireless technology during a disaster crisis, and they will be among the most inundated personnel in meeting the demands of patient need.

In addition to communication technology, the structure and location of response resources can impact critical communication planning. Regional healthcare alliances are increasingly emerging for disaster preparedness. As different regions face different likelihoods and needs for various types of disasters, ongoing regional awareness, information-sharing, and planned coordination for disaster scenarios are of critical importance in minimizing avoidable casualties of disaster. Flood-prone areas face specific preparedness issues related to power-service and road-access complications. Likewise, sparsely populated, rural areas have particular needs and different options for communication preparedness versus dense municipalities that may share multiple first-language orientations. As available communication channels, resources, and appropriate resource contacts will differ by area, alliances can potentially assess the needs and capabilities in advance for their own and nearby areas. This allows them to create interoperating disaster response plans that best meet the unique needs, limits, and communication challenges of their own regions. They can potentially provide connections and methods for multiple sectors of the community to ideally obtain, relay, and act upon key information that becomes available in the midst of a crisis event.

Effective, coordinated disaster-crisis response for healthcare demands many capabilities and is the subject of great recent interest and study worldwide. Central to this capability, in the most general and essential sense, is a solid foundational understanding of the best methods and practices for communicating the right message to the right people at the right time. One cannot have an effective, life-saving instructional message without connecting the correct messenger and receiver, without having the correct information and decision-making function at hand, and without knowing how to word the message most expediently and effectively.

Disaster crisis incidents occur quickly and unexpectedly. When the event occurs, responses will have to be immediate and decisive, and that begins with clarity as to who has the authority to make decisions and who is ultimately accountable for them. Each key player should have a predefined role, and communication should be streamlined and strategized to aid the management of the crisis. The following provides a basic rationale for disaster healthcare crisis communication preparedness, along with general related guidelines.

Every Healthcare Organization Needs a Crisis Communication Plan

Why should every healthcare organization have a crisis communication plan? **The unthinkable happens**, resulting in the potential for heavy casualties:

- **Natural disasters:** Storms, floods, hurricanes, tornadoes, earthquakes
- **Biological disasters:** Epidemic and pandemic outbreaks
- **Manmade disasters**
 - Toxic spills, radiation leaks
 - Bombings, bioterrorism, chemical terrorism
 - War-related events
 - Criminal actions
 - Violent outbreaks resulting from civil unrest
 - Technological/other malfunctions resulting in product safety failures and personal injury and/or illness
- **Hybrid events**, caused by sequential disaster

In addition, study of communication reveals that communication breakdowns and failures are much more problematic within high-stress and hyper-stress contexts such as disasters.

What Are the Most Common Communication Breakdowns and Failures?

1. Failure to communicate with all of the relevant people
2. Inaccurate information
3. Timing (too early/too late)
4. Communication chain breakdowns
5. Misunderstood meanings
6. Lack of specific directions or instructions
7. Unreachable targets
8. Lack of confirmation or feedback
9. Technology failures
10. Failure to plan
11. Ineffective messages

Sequential Communication Failures

We have all heard of the “telephone game.” A common failure during a crisis is this type of breakdown of the productive transmission of critical, vital information. With each interjection of a new receiver or a new communicator, there is a new opportunity for additional potential alterations of the message, including omission, addition or distortion. *The more complex the message and the more complex the sequence of transfer, the greater the potential for communication error.*

During Crises, Effective Communication Is Key

Team communication can break down, even within highly focused, professional teams. Lack of communication training and practice will result in increased communication complications, frustration, and in the worst case, failure to manage the crisis.

Common Teamwork Problems

- Varying personality traits and types
- Perceived barriers in hierarchical status
- Cultural differences
- Misunderstood professional language, jargon
- Misunderstood terminology (slang, etc.)
- Mistaken expectations
- Violations of expectations

Crisis Stress Will, At Least Temporarily, Impact the Following:

- Reaction time
- Ability to mentally focus, and to perceive and comprehend information
- Message loading: Number of message variables that can be received, considered, and processed
- Command of vocabulary
- Changes in speech processing: ability to accurately elaborate and to relay messages
- Primary language orientation: Reversion to first language, or “mother tongue,” in speaking, hearing, and thinking

Incorporating the variables above, emergency notifications that condense information and direct instruction accordingly should be devised in advance. Take into account the ***Six Phases of an Emergency Crisis*** (Warning, Risk Assessment, Response, Management, Resolution, and Recovery) and the associated characteristics, need-states, objectives, and strategies for each phase.

Anticipating the varying crisis healthcare needs, impacts and likely scenarios, and effects presented by different types of disasters, utilize the fundamentals of **Message Mapping** in the hospital’s crisis communication strategy. Message maps are:

- Created prior to crisis events
- Written at or below a sixth-grade reading level
- Specific to one organizational unit
- Written using both the **3-3-30 Principle*** and the **6 & 60 Principle****
- Sensitive to the needs of different demographic groups

For the largest proportion of readers/listeners to be attentive to any message during crisis, these two principles should be applied:

*The **3-3-30 Principle** states that each emergency notification message should **contain no more than three points** and be written in **no more than three sentences and 30 words**.

The **6 & 60 Principle states that an emergency notification message for general population audiences should be written at **no higher than the sixth-grade reading level**.

Conclusion

The task of disaster crisis communication preparedness for healthcare requires intense, detailed, and ongoing planning, with multiple scenarios for both the disaster type and the sequence of the response. It is an ever-evolving, complex and vital component to meeting a critical public need.

The top ethical priority and responsibility during disaster communication planning for healthcare administration is the ongoing preservation of life and safety of patients. Large-scale disasters also, however, present critical threats to the business continuity of the hospital organization itself. Guidelines that apply to crisis communication for corporations in general therefore duly apply to hospitals, clinics, and other healthcare organizations. For a general examination of those considerations, please refer to the recent white paper, “**Emergency Notification Best Practices for Corporations,**” also found on the Everbridge website.

About Robert C. Chandler, Ph.D.

Robert C. Chandler, Ph.D. is an internationally recognized author and communication expert specializing in the area of crisis and risk communication, including leadership and



logistical communication issues related to natural disasters. As professor of communication and director of the Nicholson School of Communication at the University of Central Florida, Dr. Chandler notably created the annual International Crisis and Risk Communication Conference (ICRC). Convening earlier this year and hosted by the Nicholson School and UCF, the 2014 ICRC event highlighted “The Human Factor” of crisis. More than 150 crisis management professionals and experts met to share knowledge related to the growing, significant and ongoing need for strategic collaboration among all parties concerned with preparing for, mitigating, managing and facing the challenges and obstacles that converge when a major crisis unfolds. His research in this field is internationally recognized, and his expertise has been

tapped by government, health and community agencies and major world enterprises alike from the American Red Cross and the United Way, to the Department of Defense, Verizon and American Airlines.

Dr. Chandler is an award-winning author of nine books, including *Emergency Notification*, and *Business and Corporate Integrity: Sustaining Organizational Compliance, Ethics and Trust*. His conference speaking engagements have included the Disaster Recovery Journal’s spring and fall world conferences on disaster recovery, the International Security Conference, the Government Technology Conference and the National Student’s Safety and Security Conference, as well as numerous state-specific events. Through these events and numerous others, he has addressed attentive audiences around the globe ranging from Warsaw to Sydney and Seoul to St. Petersburg.

Dr. Chandler earned his Ph.D. at the University of Kansas, his M.A. at Wake Forest University and his B. A. at Harding College.

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About Everbridge

Everbridge provides a unified critical communication suite that helps clients be better prepared, make better decisions, and respond quickly and confidently during disruptive events. When an incident happens, whether it's a natural disaster or an IT service outage, we automate communications to ensure that the right messages get to the right people at the right time.

Widely recognized by analysts as the market leader, Everbridge solutions are trusted by clients in all major industries and government sectors to connect with over 50 million people around the world.

THE ONLY END-TO-END PLATFORM

- **Planning:** Everbridge is easy to set up, maintain, and organize, meaning that you're always ready for a quick, coordinated response. Everbridge ensures that the right messages get to the right people - with the most advanced opt-in portal on the market, streamlined integration with internal and external data sources, and simple group and contact management.
- **Assessment:** When trouble strikes, you need rich insight, presented simply - so you can quickly assess potential impact and make an informed decision to avoid loss. Everbridge offers the only solution on the market that meets these demanding requirements, with the most advanced interactive dashboard in the industry.
- **Response:** In critical situations, ease-of-use can mean the difference between an effective response and a mistake that carries serious consequences. Everbridge is engineered to be simple to use under pressure, with a user interface that accelerates time-to-message and reduces the likelihood of errors.
- **Delivery:** Even during large-scale disruptions, Everbridge stays on. The most advanced platform in the industry ensures that you reach your contacts - every time. And with worldwide coverage and capabilities, including globally local calling infrastructure and data storage, we're ready to support you wherever your people are in the world.

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