

Coordinating with the Media

The media can provide health care organizations and the communities in which they operate with a powerful means of communicating during disasters. This has far-reaching consequences for organizations experiencing the effects of an emergency.

The media are a conduit for delivering information to the public and employees. When the media are *not* involved, miscommunication can occur. And, according to a report prepared by the American Hospital Association (AHA), if media coordination is not well organized, “the media will detract from the (organization’s) need for focus. This will require coordination with others who will speak to the media also and education of media representatives before any event occurs.”^{1, p. 53} The report’s complete recommendations on external communications appear in Sidebar A-1, page 224. See also *AHA Guidelines for Releasing Information on the Conditions of Patients*, which outlines what may be released, to whom, and when information should not be released, at www.aha.org.

Emergency responses are improved when the media have been given accurate and current information. Keep in mind that in a large, regional emergency, the media may be one of the only available communication routes. The media can also be useful by supplying phone numbers to the public for information about their loved ones, providing public service messages on coping with a large-scale emergency, preparing injury and casualty lists, and coordinating

with the chaplaincy, social work, and security departments on family notification.

In health care organizations that establish their own media centers, leaders should secure a location well away from care areas and equip it with communications and backup communications equipment. Telephone, fax, and modem access at the media center should be available at all times.

Organizations should consider how to direct media to the centralized location where information will be provided to them. To the extent possible, the organization representative coordinating with the media should respond promptly and informatively to the media. The information provided must be accurate and must protect patient confidentiality. When speaking with members of the news media, here are a few helpful tips:

- Speed is crucial in working with the media. Promptly call back reporters as they frequently need the information to meet a deadline.
- Remain calm. If a reporter gets aggressive, stay focused on the question at hand and try to answer to the best of your ability.
- Never say “no comment.” It is okay to say, “I don’t know.”
- Look for opportunities in the interview to share key messages.
- Talk from the audience or reader’s point of view and avoid organization-specific jargon.

SIDEBAR A - 1

Recommendations on Communications

Mass-casualty incidents may be sudden, such as an explosion, or gradual, such as a biological infection. In both cases, the scale of the incident will create a demand for public information. In most cases, at least some of the information will not be readily available while the incident develops.

We live in a mass-media and multimedia culture. Every news and information source will seek access to the latest and most up-to-date information. Absent clear and credible information, speculation may reign and increase the stress and pressure of the incident, especially on the hospital and its staff.

Planned and structured arrangements for communication throughout the incident and during its response are critical components of hospital and community preparedness. Attendees offered the following recommendations and insights regarding external communication:

- A mass-casualty event will become a "Tower of Babel" if every organization in the community attempts to establish its own media briefings. Unaware of what others are saying and despite the best intentions, the use of different words and phrases will confuse the public and undermine the trust essential to the "orderly chaos" of a well-managed disaster. All organizations involved in the community preparedness plan for mass casualties, including hospitals, need to agree in advance on who will serve as the single, regional spokesperson. If a government official is designated as the spokesperson, health experts must be provided to assist the official with responses to medical questions.
- A communitywide spokesperson system will minimize disruption of hospitals if the press events are conducted away from health care facilities and using regularly scheduled and pre-announced media briefing times.
- All organizations participating in the community preparedness plan will facilitate communications and reduce disruption of their own staff if the plan for a prearranged community spokesperson also clearly identifies what others are not to say. While each organization responding to community need will want to tell its story, a preexisting agreement that the focus will be on a single point of communication will minimize disruptions while still allowing each organization to tell its story after the incident has concluded.
- Hospitals often have established relationships with the local health reporters. In a mass-casualty incident, the health reporter may not be the prime media contact. The government reporter, or crime reporter in the case of terrorism, may have the lead on the incident. The community spokesperson needs to be known and trusted by this reporter prior to any incident. Health experts who will be used to complement the spokesperson also should be known in advance to the reporter(s).
- The present language being used by some to describe mass-casualty incidents is unnecessarily inflammatory. When addressing potential incidents caused by terrorists, some have used the terms "weapons of mass destruction" or "weapons of mass effect" to characterize the incident. Both of these terms have heavy emotional and psychological overtones that are apt to increase community anxiety and fear in the face of any incident. Attendees encourage the use of more neutral words in communications.

SOURCE: American Hospital Association: *Hospital Preparedness for Mass Casualties. Final Report*. Chicago, IL: American Hospital Association, Aug 2000. Used with permission.

- Remember that anything you say during the course of your conversation could appear in print. There is no such thing as “off the record.”
- State the most important facts first.
- If a reporter uses negative language, do not repeat it and do not repeat the question.
- Never argue with a news reporter about a story.
- Never flatly refuse to give information. Explain why the information is not available.
- Do not let a reporter put words in your mouth. Clarify comments when necessary.
- Repeating key messages is acceptable. Sometimes a reporter needs to hear a message several times and in several ways before he or she understands it.
- Answer questions directly, without giving more information than necessary.

Two experts on organization communication during a crisis each offer other specific strategies that organizations should consider before and when communicating with the media. These appear in Sidebars A-2 and A-3 on pages 226 and 227. In conclusion, health care organizations must develop a plan for coordinating with the media during a disaster and implement that plan effectively.

REFERENCE

1. American Hospital Association: *Hospital Preparedness for Mass Casualties. Final Report*. Chicago: American Hospital Association, Aug 2000.

SIDEBAR A - 2

A Nine-Step Plan for the Preparation and Implementation of Communication During a Crisis

1. Understand that there's a need to communicate, both externally and internally. The press is important, but don't focus on it exclusively. Be prepared to make use of all available media in getting out messages and relevant information: print, electronic, audio, and video.
2. Assemble a small group of senior managers, those who are most familiar with the crisis and its implications. This is the crisis team.
3. Determine what effects, immediate and potential, the crisis will have on all audiences, external and internal; for example, the public (local, national, global), customers, employees, shareholders, government officials, retirees, and suppliers.
4. All audiences are not equally important. Because the organization's resources will be stretched during a crisis, determine the primary and secondary audiences that the organization wants to reach. Concentrate on these.
5. Designate a spokesperson at the organization's headquarters and, if the crisis is precipitated elsewhere, at that location. The spokesperson should be someone who can best make emotional connections with the audience as specific messages are conveyed. At headquarters, it may be the chief executive, but it's not mandatory or desirable if the chief executive has difficulty making emotional connections.
6. Decisions need to be made about the best means of reaching the primary and secondary audiences. These tactics may include a press release, press conference, press statement issued to selected press, press briefing to selected press, employee news bulletins, e-mail, voice mail, postings on the Internet and intranet, memo to employees, and letter to customers, suppliers, and/or shareholders.
7. Spokespeople should be prepared to speak about the facts available simply, clearly, and with compassion, regardless of the crisis.
8. Try to avoid answering a question with "No comment." In today's society, where there is much skepticism and cynicism, "no comment" is often perceived as a way of withholding information and therefore implies guilt. Instead, respond to a question for which you have no answer either with a simple, "I don't know; I'll check it out," or a relevant message from the statement or question and answer (Q&A). Don't feel compelled to provide any further information. Don't be afraid to keep coming back to "I don't know" or elements of the statement and Q&A.
9. Keep eyes, ears, or means of gathering research open to audience feedback. Be prepared to adjust your communication plan and strategy as the crisis develops and changes. Certainly, add appropriate information as it becomes available, but don't lose sight of the importance of making emotional connections.

SOURCE: Adapted from Berzok RM: Communicating in a crisis. In Wann A: *Inside Organizational Communication*. San Francisco, CA: International Association of Business Communicators, 1999. Used with permission.

SIDEBAR A - 3

Crisis Conversations in 12 Steps

1. Prepare for a crisis before it occurs. Create templates. Most potential crises can be identified. Create some generic text for each type. In the event that the crisis does occur, add the specifics to the template.
2. Create a system for gathering and analyzing information for dissemination through the news media and directly to concerned audiences. Maintain a balance between preparation and presentation. Communicate only after sufficient research and coordination.
3. Decide how to deal with confidential or sensitive information. Urge appropriate leaders to decide what information should be released and when. Prepare a response to explain why some information is not available (privacy issues involving deaths and injuries, legal restrictions, the information has yet to be confirmed, and so forth).
4. Break the “no writing by committee” rule. You don’t have time to write a draft, then run it around to this vice president (VP), that VP, and anyone else to get clearances. Put everyone in a room and write it together.
5. Define your audiences and their respective concerns. Don’t make the mistake of focusing only on the news media. Realize that you can’t address each audience comprehensively in each public statement.
6. Put a human face on your organization, using appropriate language and presentation techniques. Avoid scripted responses. Acknowledge the inevitable emotional component of the crisis. Remain measured in all responses. Be sincere—don’t merely appear sincere.
7. Don’t let public demands and media drama distract you. Stay focused on what has to be said. Having established your baseline of knowledge, stick with it.
8. Be direct, honest and to the point. Share the basic information of who, what, where, when, why, how, and how do you feel?
9. Anticipate questions and concerns and address them.
10. Remember that shorter isn’t always better. Keep in mind that you’re there to calm and reassure the audience, and that can take time.
11. Avoid using visuals early on in the crisis. Typically, the introduction of visuals early in a crisis can be a distraction and delay an organization’s establishment of its baseline of knowledge and the initiation of a dialogue.
12. Appear credible. A badly chosen or poorly prepared spokesperson can severely hamper an organization’s response to a crisis.

SOURCE: Adapted from Crisis conversations in 12 steps. *Speechwriter’s Newsletter*, August 1, 2001. Used with permission.