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## 3 Best Practices for Communicating During a Crisis

By Lindsey Dunn | October 06, 2009

Hospitals involved with crisis situations, such as a significant patient safety violation or a threatened payor relationship, face threats to their reputations that could significantly impact the financial success of the hospital for time to come. As a result, hospitals must actively manage the messages they deliver to key stakeholders and the public so that the reputation of the hospital can be preserved.

Brandon Edwards, president of Revive PR, a healthcare-focused public relations firm, shares three best practices for communicating during a crisis.

**1. Don't hold back bad news.** In almost any crisis situation, it is advisable to be honest with your stakeholders and community about the situation, says Mr. Edwards. Hospitals that try to keep potentially damaging news quiet are often unsuccessful, and come off as trying to hide the information.

"I think that the biggest lesson is that everyone in leadership at a hospital has a tendency to want to keep potentially bad news quiet in hopes that no one will ever find out," says Mr. Edwards. "It's important that in any crisis, you help the community understand the facts clearly, and take the time to connect with people on an emotional level as well."

Mr. Edwards recently advised a hospital that was undergoing contract negotiations with one of the largest payors in its market. The hospital had previously overlooked this contract and realized that, as currently laid out, the hospital was losing money on providing services to the payor's members. The hospital was seeking a reimbursement increase of 36 percent in the first year and increases in the high single digits during years two and three.

The hospital chose to take a proactive approach in communicating with its stakeholders and community members. "If we were simply to go to the payor and not say anything to the community, employees or physicians, we knew the insurer would have not responded in a way the hospital wanted," says Mr. Edwards. "Instead, we went to these groups and explained the need for recalibration. We showed the historically low reimbursement and compared it to other hospitals in the market. We took an educational approach, even before terminating the contract."

**2. Appeal to emotions.** When hospitals share potentially negative news, it helps to evoke emotions from stakeholders that could offset the negativity. For example, the hospital described here used stories of patients whose care would be disrupted if a contract was not completed to appeal to the emotions of other members of the health plan who would likely experience premium increases as part of the new contract.

"We found patients who were covered by the payor to say that the hospital is where they wanted to go, we found cancer patients in course of treatment to say that they would have to switch providers and wanted to stay at the

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hospital," says Mr. Edwards.

The communications team also went directly to employers who used the payor's health plans to explain the situation. "We were going to employers saying, 'I know you don't like this,' but we helped them understand the need for the increases and asked them to support us when the payor came asking for input on increased premiums," says Mr. Edwards.

In the end, the hospital successfully received the reimbursement increases in the timeframe it had requested.

**3. Don't be afraid to apologize.** Finally, Mr. Edwards says that despite legal concerns with issuing apologies for situations that could have been avoided, hospitals may be better able to preserve their reputations by taking responsibility for the incident, apologizing and promising to fix the issue.

Mr. Edwards advised a hospital several years ago that unfortunately experienced multiple patient safety violations caused by a single employee. The hospital shared the potentially devastating news immediately, and in doing so, offered an apology.


"The biggest thing you can do is give context upfront; tell the public what happened and what you know and what you don't know," says Mr. Edwards. "The hospital took a wise course and notified patients first and then went very public with the media." In its messages to the media, the hospital clearly discussed the changes it made to its processes following the incident and expressed remorse.

The hospital began process improvements to its hiring and relevant patient safety processes. The hospital retained most of its volume and no patients brought litigation against the hospital. However, the incident did have a long-term effect on the hospital's reputation, which has only begun to wear off, now several years later, says Mr. Edwards.

"[Patient safety issues] tend to linger for a long time. It's a tough balance to strike between defending your motives and not antagonizing the situation," says Mr. Edward. "This is a case that was seen as caused by a bad apple and kept from becoming bad system. The public does not view this in isolation. It's all part of a more holistic reputation."

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