

Hospital Crisis Plan

The first task of the hospital's crisis plan is to assemble a communication team. It will most likely be made up of staff members from the organisation's public relations, legal counsel and management departments. In addition to this, the hospital should also provide extensive media training to all members of the staff; preparing them to deal with journalists and reporters in a media-savvy manner.

Once the team is assembled and each member is allocated a particular task, they are to pick an official media spokesperson – one person who will be the face of the hospital during the crisis. The media spokesperson “will be the primary contact for all media inquiries” (Roos, 2010) and if necessary, deliver the speeches and answer questions at the press conferences.

Crisis Communication Team

Smith, John – Media Spokesperson

Brown, Bob – Media Officer

Apple, Catarina – Communications Co-ordinator

Trotter, Jemima – Communications Co-ordinator

Media Response Strategy

According to BNET Editorial, an organisation will survive a crisis better if it has established a good reputation “built up over a period of time.” (BNET Editorial, 2010) Therefore, a fundamental aspect of the organisation’s media response strategy is the fostering of long-term relationships with journalists and editors from both local and metropolitan media outlets. This way, when a crisis does happen, the hospital communication team is able to pitch stories and releases to the newspapers much more effectively. Regularly updated contact lists of key media figures should always be available.

Being transparent during a crisis is also another critical issue for the organisation. In his article, Dave Roos notes the 2007 Virginia Tech shooting and the ensuing crisis management. He praises Virginia Tech’s timely updates on the event and states that “it’s better for negative information to come directly from the organisation in the form of an honest apology than from its critics in the form of a damaging indictment.” (Roos, 2010) During a crisis, the hospital can maintain complete openness to the public through regular updates on the organisation’s website.

Key Messages

During a crisis, the hospital communication team is to craft a clear key message. Make sure all staff members are aware of the organisation's positioning on the situation, that way, everyone will know what to say to the media. The Colorado Non-Profit Association's *Crisis Communication Plan* recommends that there key messages "should be prepared for media inquiries, member updates and proactive phone calls to critical audiences." (Colorado Non-Profit Association, 2010) It is also suggested that the communication team draft up 'skeleton' media releases that can be fleshed out during the crisis to enable distribution to be done quickly.

Media Release Distribution

The hospital communication should arrange for the services of the Australian Associated Press (AAP) in terms of media monitoring and distribution of media releases. According to their website, AAP's media monitoring services provide "relevant media coverage from a comprehensive range of selected Australian and international sources." (AAP, 2010) In addition, they are able to distribute the hospital's media releases "via the AAP NewsWire, fax, email and SMS, directly to the media and key stakeholders 24 hours a day, 7 days a week, every day of the year." (AAP, 2010)

Ex-Nurse files sexual harassment case

A veteran neurosurgeon at Blue Hospital has been accused of several counts of sexual harassment.

Jane McDonald, a former nurse at Blue Hospital, has brought on a lawsuit against Dr. John Jackson for consistent harassment during the period she was working at the hospital.

Dr. John Jackson refutes these claims, saying “these accusations are absolutely rubbish... she [Jane McDonald] was dismissed due to incompetence, and now she wants sue the hospital for sexual harassment.”

Ms. McDonald alleges Dr. Jackson repeatedly made indecent remarks towards her as well as showing her porno clips on the internet.

“He was a filthy person... always showing me these dirty movies and trying to hit on me every chance he got. I just couldn’t take it anymore.” Ms. McDonald says.

However, other doctors and nurses say they have never witnessed any kind of behaviour from Dr. Jackson and that Ms. McDonald is “more than likely trying to get back at the hospital for her dismissal.”

“She was a terrible nurse, always made mistakes and was fired for the right reasons. I think she’s just angry.” says Boris Belkin, a nurse at Blue Hospital.

Dr. John Jackson is currently on leave pending Blue Hospital’s own investigation into the case.

For further information, please contact:

John Smith, Communication Executive.

All Work, No Rest for Surgeons

Blue Hospital's surgeons are working too much overtime and this has led to a strain on their ability to perform highly-complex and delicate operations.

In a report undertaken by the hospital, seventy-three percent of surgeons are clocking up to 80 hours per week, nearly 20 hours more than average working hours. Surgeons blame staff shortages and the lack of proper rostering for the long hours.

Dr. Spring, a heart surgeon at Blue Hospital says "I usually work between 70-75 hours per week... some nights I don't even go home because I'm too tired, I just sleep at the hospital, wake up the next day and go back to work."

"We're just too short-staffed... there aren't enough surgeons capable to performing a wide-range of operations, which means the more experienced ones have to work on more patients."

The long hours and lack of rest have led to surgeons performing under strenuous conditions and that can lead to fatal mistakes.

"When you're performing surgeries on the heart, it's one of the hardest and most delicate operations. Now if you're doing that under less than optimum circumstances, mistakes can happen."

Blue Hospital's management has taken active measures to create a more balanced roster in order to prevent surgeons from working over-long hours.

For further information, please contact:

John Smith, Communication Executive.

Deadly virus resembles common flu

A deadly virus reportedly responsible for multiple deaths overseas has been discovered in infected patients at Blue Hospital, Sydney.

The virus – GGX5 – has killed up to 150 people in several parts of the world, including Thailand, Malaysia and South Korea, but up until now, has not been present in Australia.

Dr. Jones, head of the research department describes the virus symptoms as “flu-like, the patient will often be tired, runny nose and severe headache... they’ll also be prone to nausea and aches throughout their body.”

Four patients in Blue Hospital have been infected with the virus – which travels through human contact – and have been appropriately quarantined.

Ms. Smith, a nurse in charge of the patients’ well-being, has described their conditions as “stable and recovering... it’s a good thing we discovered it when we did so we could take the necessary precautions quickly.”

Doctors at Blue Hospital are urging the public to be alert to GGX5’s symptoms.

“They may appear as if the victim is suffering from the flu but their condition can escalate extremely quickly”

“Please also be aware to limit contact with the person. The best procedure would be to call the ambulance so that the staff can be well-prepared to deal with the matter.”

For further information, please contact:

John Smith, Communication Executive.

Investigation clears Blue Hospital

An outside investigation conducted by authorities into a suspicious death in Blue Hospital has found no wrongdoing on the hospital's part.

Vincent Pham, a 78-year old patient at Blue Hospital, passed away 7 weeks ago while recovering after heart surgery.

Suspicion of negligence arose about the nature Mr. Pham's death since surgeons announced his operation successful and outside authorities were called upon to investigate.

Having supervised the investigation, Robert Brown has concluded that "it was an unfortunate and tragic incident, however, I can safely say that the staff at Blue Hospital did not do anything wrong, nor were their practices negligent."

Robert Brown and his team of 6 investigators examined operational procedures, talked to several doctors and nurses and thoroughly reviewed the patient's chart before closing the investigation.

Family members of Mr. Pham were glad an investigation was carried out, but are also satisfied with the result.

Robert Pham, Mr. Pham's eldest son said "it was just such a shock to find out that he died, especially after the surgeons said everything went well. We just wanted to know if something was done wrong... overall we're satisfied with the result."

Blue Hospital will be setting up a fundraising event this Saturday as a tribute to Mr Pham who, community members say, was "an avid charity supporter and very enthusiastic fundraiser for community needs."

For further information, please contact:

John Smith, Communication Executive.

GFC hits Blue Hospital

Management at Blue Hospital has had to make a large amount of cutbacks in order to keep the hospital afloat in the global financial crisis.

Ever since the GFC, Blue Hospital has suffered from mounting debt as well as increasingly unsatisfied staff members who complain about longer hours and resource shortages.

Ms. Poppins, a nurse at Blue Hospital said “the hospital can’t afford to hire any more nurses, which means we all have to work longer hours to cover the shifts.”

The general manager at Blue Hospital, Gordon Jones said “we at management do understand it’s been increasingly difficult for both the doctors and the nurses due to the economic situation. However, we’re a strong team and we will push through the crisis and get back on our feet in no time, our finance officers are very optimistic about the future of Blue Hospital.”

Despite the skill shortage and increasing staff dissatisfaction, Blue Hospital still boasts some of the best statistics in the state as shown by the yearly annual hospital report carried out by the government.

Dr. Grice, a veteran doctor at Blue Hospital said “these situations do come up every now and then, but Blue Hospital’s always stood strong afterwards... there’s really nothing to worry about.”

For further information, please contact:

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