

Chief Officer Survival Crisis Communications for Senior EMS Officers

Chief Skip Kirkwood

Wake County EMS Division
Raleigh, North Carolina

President-Elect
National Emergency Management Association

Where it all started.....



Since then.....

- ◆CT
- ◆HI
- ◆NJ
- ◆OR
- ◆FL
- ◆IA
- ◆NC



**Bad things happen to
good people
and good
organizations!**

Metro EMS
Louisville, Kentucky

**It's not a question of "if" – it's
a question of "when"!**

My wake up call.....

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Wake County

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Missing laptop has workers', patients' personal data

BY SAM LAGRONE - STAFF WRITER

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BOOKMARK E-MAIL PRINT TEXT SIZE: [] [] []

RALEIGH -- The identity theft risk from a stolen Wake County EMS laptop is far worse than originally estimated and could include personal information about patients, firefighters and paramedics from across the county.

New numbers released today by Wake County place the number at 5,000 people whose personal information -- including Social Security numbers, addresses and ages -- was stored on a laptop that was missing for more than a week in January before county officials reported it stolen to WakeMed hospital police.

This figure includes more than 1,100 patients transported by county EMS ambulances and their contracted first responders -- up from the original estimate of more than 800 patients.

Our Issues

- ◆ No plan
- ◆ Delayed reporting
- ◆ A failing local newspaper
- ◆ Inconsistent guidance from above

The time to start thinking about this is *NOT* when the crisis comes along!



What is a “crisis”?

**Negative news
about your organization’s performance**

- ◆ Operational
 - Dispatch delay
 - Response performance
 - Vehicle collisions
- ◆ Financial management
- ◆ Clinical misadventures
 - Drug overdose
 - Equipment failure

What is a "crisis"?

**Negative news
about your organization's performance**

- ◆ **Regulatory or enforcement actions**
 - State EMS agency
 - OSHA
 - Etc.....
- ◆ **Audits, reviews, surveys**
- ◆ **Lawsuits**
- ◆ **Criminal activity of a member**
- ◆ **Loss of sensitive information**

You've got to have a PLAN – Run the Crisis Checklist

- ◆ **High-risk professions utilize checklists**
- ◆ **Airline pilots**
- ◆ **Growing practice in the health care community**
- ◆ **Is this a high-risk situation?**

First, you've got to FIND OUT about the problem!

- ◆ **The no-surprises rule:**
 - Every member has the responsibility to inform their supervisor *immediately* about any news or information they become aware of concerning a potential crisis situation.
 - Every member of the chain of command has the responsibility to pass that information up the chain.
- ◆ **The chief has the responsibility to:**
 - Activate the crisis management team
 - Inform higher authority

Get the organization back on track!

- ◆ A crisis can be very disruptive to the organization.
- ◆ The 911 calls will not stop – you must get the organization back on track.
- ◆ In extreme cases, you may need to call on outside help.



USCG Mass Rescue Checklist

Initial Action – 00 – 12 Hours	
<input type="checkbox"/> Assume SMC	<input type="checkbox"/> Alert C-IT for Communication Support
<input type="checkbox"/> Issue UMB Request Assistance	<input type="checkbox"/> Alert State EOC/AST/DEC/Local Red Cross
<input type="checkbox"/> Notify Sector COTP	<input type="checkbox"/> Request Augmentation Personnel for Command Center
<input type="checkbox"/> Retrieve Pax Crew List from NOA/SANS	<input type="checkbox"/> Establish Search and Rescue Planning Group
<input type="checkbox"/> Establish communications with Cruise Line Agency Local Rep	<input type="checkbox"/> Establish Area Command Center First Watch
<input type="checkbox"/> Establish Open Line of Communications with Vessel/Company	<input type="checkbox"/> Start briefing via Matrix & Critical Incident
<input type="checkbox"/> Request SAR Plan of Operation (Falmouth 011-44-1326-317)	<input type="checkbox"/> Activate Critical Incident Reporting
<input type="checkbox"/> Determine number of injuries	<input type="checkbox"/> Setup HSN, Web EOC, Chat
<input type="checkbox"/> Determine number of missing persons	<input type="checkbox"/> Examine Briefing Matrix Ensure all Agencies Briefed
<input type="checkbox"/> Start Launch Process of Ready HH-60 SAR Cutter/MLB	<input type="checkbox"/> Alert DRAT and mobilize response equipment as req By FOSC
<input type="checkbox"/> Transmit Initial Search Action Plan/TCS 201 Response Plan	<input type="checkbox"/> Draft Initial SAR SITREP for PacArea/COMDT
<input type="checkbox"/> Request CG Rep to Company EOC (i.e. Sector LALB for Princess)	<input type="checkbox"/> Pass SMC to SECTOR for COTP responsibilities
	<input type="checkbox"/> As IMT comes on-line, Establish Communications with IC Post
	<input type="checkbox"/> Established list of day boats available for passenger recovery and transportation

Safe Surgery Checklist

Table 1. Elements of the surgical safety checklist*	
	Sign in
Before induction of anesthesia, members of the team (or least the nurse and an anesthesia professional) orally confirm that the patient has verified his or her identity, the surgical site and procedure, and consent.	
The surgical site is marked or site marking is not applicable.	
The pulse oximeter is on the patient and functioning.	
All members of the team are aware of whether the patient has a known allergy.	
The patient's allergy and risk of aspiration have been evaluated and appropriate equipment and assistance are available.	
If there is a risk of blood loss of at least 500 ml (or 7 ml/kg of body weight, in children), appropriate access and fluids are available.	
	Time out
Before skin incision, the entire team (nurse, surgeon, anesthesia professional, and any others participating in the care of the patient) orally:	
Confirms that all team members have been introduced by name and role.	
Confirms the patient's identity, surgical site, and procedure.	
Reviews the anticipated critical events.	
Surgeon reviews critical and unexpected steps, operative duration, and anticipated blood loss.	
Anesthesia staff reviews concerns specific to the patient.	
Nursing staff reviews confirmation of fluids, equipment availability, and other concerns.	
Confirms that prophylactic antibiotics have been administered 60 min before incision is made or that antibiotics are not indicated.	
Confirms that all essential imaging results for the current patient are displayed in the operating room.	
	Sign out
Before the patient leaves the operating room:	
Nurse reviews items aloud with the team.	
Name of the procedure is recorded.	
That the needle, sponge, and instrument counts are complete (or not applicable).	
That the specimen (if any) is correctly labeled, including with the patient's name.	
Whether there are any issues with equipment to be addressed.	
The surgeon, nurse, and anesthesia professional review aloud the key concerns for the recovery and care of the patient.	

* The checklist is based on the first edition of the WHO Guidelines for safe surgery.¹⁰ For the complete checklist, see the Supplementary Appendix.

Crisis Management Team

- ◆ Will vary depending on the event
- ◆ Chief's Office
- ◆ Public Affairs Office
- ◆ Operations
- ◆ Specialist members depending on the nature
 - Information Technology
 - Human Resources
 - Safety

Crisis Management Team Questions

- ◆ What are the facts?
- ◆ What is the degree of potential damage?
- ◆ What actions should be taken?
- ◆ Who are the audiences?
- ◆ What communication with each audience?
- ◆ Who is responsible for executing each piece of the plan?
- ◆ Who will be the media contact and spokesperson?

Immediate Actions

- ◆ Before speaking with a reporter, find out the facts.
- ◆ **DO NOT DELAY** – doing so is asking for trouble.
- ◆ Do not use "no comment" – it asks for trouble.
- ◆ *At the current time, we are gathering the information needed to answer your questions. We understand that you need to know about this situation and we will get back with you as soon as we can.*
- ◆ **Take notes and follow through on your promise to call back – in LESS THAN 24 hours.**

Immediate Actions

- ◆ **Appoint a spokesperson**
- ◆ **All media contacts related to this incident should be handled by the spokesperson**
- ◆ **Don't rely on a single PIO for all your needs:**
 - Inevitably he or she will be on vacation.
 - May not be the best person for a particular issue.

Preliminary Response

- ◆ **A brief statement**
- ◆ **3 bullet points**
- ◆ **Practice briefing**
 - Videotape
 - Self and crisis team critique

"Bridging"

- ◆ **Acknowledge that the problem occurred**
 - Don't repeat the specifics of the problem
 - Refer to the "unfortunate event" or "unacceptable behavior"
- ◆ **Use the reporter's name**
- ◆ **Move smoothly and quickly to two positive points related to the issue**

“Bridging” – an example

- ◆ Lost ePCR laptop with confidential patient information
- ◆ *How could you let this happen? Why didn't you do more to protect this information?*
- ◆ Regret the circumstances....
- ◆ This computer system allows us to thoroughly document and transfer patient care information , which contributes to effective medical treatment and enhances patient safety.
- ◆ It also allows us, the EMS system, to compile information about our treatments so that we can always provide the best, evidence-based medical care.

Other Pearls

- ◆ Don't answer the same question over and over – increases the possibility of contradiction.
- ◆ ***Be completely honest!*** Dishonesty is never forgiven.
- ◆ Complete the “bridge” in 12 seconds.
- ◆ Humanize yourself and the organization. Speak from the heart, not just the head.
- ◆ ***Use common English – not jargon!***
- ◆ Record the interview yourself, and tell the recorder you are doing so.

The Spokesman

- ◆ **Must be familiar with the issues**
- ◆ **Must be level-headed, articulate, able to maintain civility and professionalism.**
- ◆ **Be trained in crisis communication.**
- ◆ **Available to the media 24 hours per day**
 - Not someone with heavy operational responsibilities.

Prolonged or Intense Crisis

- ◆ **On-site media center**
- ◆ **Log of contacts**
- ◆ **Media statements updated**
 - At least every 24 hours
 - More often if appropriate
- ◆ **Periodic media briefings**
- ◆ **Be prepared for national media**
 - Don't provide special information to a favored local reporter.

Guidelines for Media Interviews

- ◆ **Professional appearance.** Wear “working dress” uniform (long-sleeved shirt and tie) or working uniform (disaster, fire line, etc).
- ◆ **Appear calm and relaxed.**
- ◆ **Be truthful – even if you don't know.**
- ◆ **Be genuinely concerned.** Express sympathy if appropriate.
- ◆ **State exactly how the problem will be resolved.**

Guidelines for Media Interviews

- ◆ **Remain gracious.** Don't appear bored or annoyed with repeated questions.
- ◆ **Avoid confrontation – do not argue.**
- ◆ **Communicate only the approved message.**
- ◆ **Make statements simple and concise.**

The Ryan Moats Story

- ◆ NFL running back for the Houston Texans
- ◆ Mother dying in the hospital – staff called family
- ◆ Ran a red light on the way to the hospital



The Ryan Moats Story

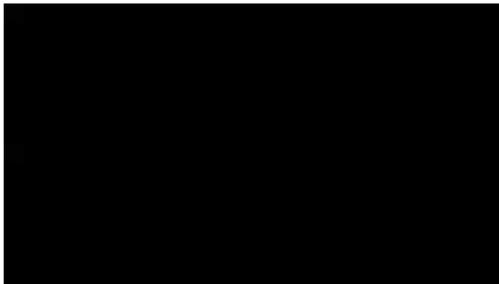


What do YOU think?

Police Department's Official View of the Family's Actions

- ◆ The family exercised extraordinary patience and restraint
- ◆ Moats did not identify himself as an NFL football player
- ◆ Moats did not ask for any special consideration.

Dallas PD Response



There for the grace of God.....



Final Thoughts

- ◆ Build a crisis checklist
- ◆ Build more than one if you can identify specific crisis events
 - Vehicle crash with fatality
 - Loss of protected health information
- ◆ Have a PIO
- ◆ Get training for senior staff and crisis management team members
- ◆ Practice!

Questions?

Thank you!

Contact me at
skip.kirkwood@wakegov.com
with questions or for discussion
