Hospital Operations Toolkit for COVID-19

Administration:

Risk Communication and Information Sharing

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During a public health emergency effective risk communication and information sharing are vital components of protecting the public and ensuring adequate hospital response. Proper execution of communication strategies directly impacts a hospital’s ability to care for patients and medical personnel while keeping stakeholders engaged and informed. General principles of communication practice are applicable in these situations.

- Know the intended audience and define the key objective of the message(s) to be communicated for each audience (e.g., informational, instructional).
- Determine the best format and distribution method for the audience and intended message.
- Manage accurate and timely messaging to establish trust and mitigate false narratives.

Risk Communication

Risk communication informs public perception of an unfolding emergency. It educates patients and their loved ones about the state of a crisis and the magnitude of an incident. Messaging should outline potential dangers, reduce anxiety, refute misinformation, and empower decision-making while demonstrating credibility and confidence. Consistency in messaging reduces confusion. The foundational risk message for COVID-19 is to vaccinate, wear a mask, wash your hands, and watch your distance.

Risk Communication Planning

While most hospitals have risk communication plans in place, the complexity of the current pandemic may require a facility to reassess strategies to ensure alignment.

- Adapt current risk communication plans to fit the pandemic situation. If a suitable plan is not in place or available, review other plans that can be easily tailored. If plans are updated, ensure staff are aware of changes, have access to new information, and are trained on updated policies.
- Ensure your risk communication team includes a variety of experts who are knowledgeable on major aspects of hospital operations, communication best practices, and health needs.
- Customize a risk communication workflow to manage messaging needs. Decide what information will be disseminated, how often, and in what manner. Implement a message review process to ensure appropriate up-to-date information is evaluated and approved prior to dissemination. Balance timely provision of information with risk for information overload.
• Be aware of hospital/health system, state, local, territorial, and tribal risk communication protocols, restrictions, or official guidelines. Ensure messaging aligns with that of stakeholders and partners to avoid mixed messaging.
• Continually monitor the situation to stay aware of trending misinformation, public sentiment, and information gaps. Use message mapping as a tool to organize and prioritize complex medical information. Relay information that is factual, defensible, and informative.

**Patient Risk Communication**

In times of crisis or uncertainty, communicate early and often with patients and their loved ones to prevent alarm. Clearly discuss risks and mitigation strategies being implemented; explain that any necessary deviations to patient care are a result of the emergency. Disclose information on changes to hospital operations; ensure patients and their families understand how these changes could affect their care in the short and long term. A family member or community point of contact may be integral in facilitating communication and establishing trust. This person will also likely serve as a main point of contact post-discharge to ensure compliance with needed follow-up.

Express empathy and understand that patients and their loved ones will be experiencing fear, anxiety, and possibly frustration and anger during this unprecedented time. Validating these emotions will help alleviate stress and establish confidence in care. Ensure staff are trained on how to counsel patients and offer additional support services. Explain upfront all stages of care along with possible outcomes. Be prepared to navigate difficult conversations (e.g., advance directives, do not resuscitate orders, worst-case-scenarios), set expectations, gauge understanding, avoid technical jargon, stay on message, and acknowledge uncertainties. Provide adequate time to answer questions and reiterate critical information. When wearing personal protective equipment, enunciate complex terms and speak clearly and slowly.

Proactively develop pandemic-related handouts and information packets. Track and share responses to frequently asked questions to alleviate repeating information. If the hospital does not have adequate resources to create new communication tools, consider use of open source materials from other hospital, government, or community websites.

Be aware of community demographics – including at-risk populations – as well as community data on impact, particularly on communities of color.

• Have strategies in place to resolve cultural or linguistic barriers.
• Ensure materials and public health messages are available in multiple formats (e.g., audio, large print, captioning, pictorial) and the languages most common in the community.
• Consider the types of photos and visual aids being used to communicate public health messages about COVID-19. Avoid photos that could reinforce bias and discrimination.
• Know where in your community to find language specialists or interpreters. Ensure use of interpreted messages relevant to the population and resonant with the audience.
• Develop outreach/communications targeted to at-risk populations.
Patients with severe illness may not be able to communicate verbally. Have plans in place to facilitate alternate communication methods (e.g., use of signs, visual aids, FaceTime, yes/no signaling, bedside communication boards). Assess specialized communication aids for effectiveness.

Ensure the hospital has the technology necessary to facilitate communication between isolated patients and loved ones. Consider how to introduce the new technology to staff and patients through training videos, online tutorials, pamphlets, and other means.

**Resources Related to Risk Communication**

- American Hospital Association: [Communications Checklist: Preparing for and Responding to COVID-19](#)
- ASPR TRACIE:
  - Risk Communications/Emergency Public Information and Warning Topic Collection
  - Social Media in Emergency Response Topic Collection
- California Department of Public Health: [Crisis and Emergency Risk Communication Tool Kit](#)
- Centers for Disease Control and Prevention:
  - Communication Resources
  - Communication Toolkit for Migrants, Refugees, and Other Limited-English-Proficient Populations
  - Risk Communication
- Cleveland Clinic: [Communication Resources](#)
- COVID-19 Health Literacy Project: [COVID-19 Fact Sheets](#)
- Daily Nurse: [Communicating with a Patient on a Ventilator: Tips from a Specialist](#)
- Endangered Languages Project: [COVID-19 Information in Indigenous, Endangered, and Under-Resourced Languages](#)
- Food and Drug Administration:
  - COVID-19 Communication Toolkits
  - Multilingual COVID-19 Resources
- HIPxChange: [Best Case/Worst Case: ICU, with Special Content for Patients with COVID-19](#)
- MedlinePlus: [COVID-19 (Coronavirus Disease 2019) – Multiple Languages](#)
- Northwest Center for Public Health Practice: [Emergency Risk Communication](#)
- Patient-Provider Communication: [Supporting Communication with Patients who have COVID-19](#)
- Public Health – Seattle & King County: [COVID-19 Information and Resources](#)
- Svarovsky, T.: [Having Difficult Conversations: The Advanced Practitioner’s Role](#)
- Switchboard: [A Round-Up of Multilingual Resources on COVID-19](#)
- The Communications Network: [Crisis Communication Resource Guide: Coronavirus Disease 2019 (COVID-19)](#)
- University of Iowa Health Care: [Patient Education Materials](#)
- University of Kentucky HealthCare: [Handouts and Patient Messaging](#)
- University of North Carolina School of Medicine:
  - Communication Support Guide for Patients Acutely Ill with COVID-19
Internal Hospital Information Sharing

During a pandemic, hospital staff should be prepared to manage internal communications in a modified operational environment. Normal internal communication processes will likely be altered to align with the unfolding incident. Hospital leadership and staff will need to pivot quickly to keep staff engaged and informed and effectively archive internal messaging for retrieval as needed.

- Modify current internal communication plans to accommodate both the prolonged pandemic and any additional emergency situation. Assess cadence of information updates, identify potential information dissemination blockers (e.g., staff who are offsite, in isolation, or not working), ensure non-clinical staff (i.e., food service workers, technicians, environmental services staff) can receive critical information, streamline communication channels, and update emergency contact lists.
- Ensure expectations are understood about personnel receiving alerts (e.g., expected to have phone available at all times and expectations for responding to messages) and how response plans such as mass casualty plans are modified for the pandemic.
- Establish an internal communications coordinator to facilitate information sharing across departments and ensure bidirectional flow of information from staff back to leadership/managers. Encourage staff to communicate issues and challenges and ask questions; be prepared to collect feedback. Ensure a structured process for command staff evaluation of feedback and adjustments to communication mechanisms, content, length, and cadence.
- Prioritize face-to-face communication, particularly when policy changes are made that affect personal protective equipment (PPE) use, clinical care, or human resources issues. Establish briefings or touch points on a regular schedule and adjust the frequency as the tempo of the response changes. Include situational updates (hospital relevant statistics), changes to operational protocols, staffing changes, supply chain status (PPE, tests, ventilators), and new infection prevention protocols.
- Clearly communicate policies on testing, isolation, and vaccination requirements as well as expectations for staff behavior outside of work (e.g., compliance with public directives on masking, social distancing). Directly address misinformation and false narratives. Be transparent about actions that directly affect staff well-being and safety. Ensure employee portals and other information access points are updated and accessible. Physically post critical information in common areas.
- Consider creation of a “dashboard” for the hospital or health system that is shared with providers as well as the leadership team showing current operational status, the impact of
COVID-19 internally as well as on healthcare coalition and other community partners, scope of COVID-19 in the community or state, test volumes and results, and other relevant data that is available through the electronic health record or on the hospital employee portal or website.

- Engage human resources personnel to address mental health and wellness support services.
- Recognize signs of distress among staff and be prepared to discuss counseling services.
- Include messaging for the families of staff to allay fears about exposure risks to staff and their loved ones.

**External Information Sharing**

Having an effective communication strategy to keep hospital administrators, government, and public health officials informed is critical in responding to a public health emergency. Timely and effective information sharing across jurisdictions and organizations ensures proper preparedness to safeguard communities. External communication plans should meet the needs of the current pandemic.

- Be aware of new reporting requirements and associated consequences for not meeting them. Identify challenges and limitations of information sharing between disparate response partners (e.g., emergency medical services providers, public health officials, etc.) or workflows. Plan for workarounds or identify viable and sustainable solutions in preparation for information sharing needs.
- Assess and modify current external communication plans. Determine what additional stakeholders, partners, or public health officials will need to be included. Consider necessary integration with external communication units (joint information centers, emergency operations centers).
- Identify an external communications coordinator. Ensure they are aware of information sharing protocols (or restrictions) and can navigate state, local, territorial, and tribal expectations. Be prepared to address partner/stakeholder/media inquiries. Identify who will be responsible for monitoring requests and reviewing messaging content.
- Identify how often reoccurring meetings/teleconferences with external partners are needed. Ensure you have adequate technology and facility requirements to host calls and meetings. Collaboration spaces will need to accommodate physical distancing and other infection prevention measures. Be prepared to host political leaders, media, or other officials.
- Create and maintain a master database of elements of information being reported, the internal source of the information, responsible party, reporting mechanism, and regulating agency.
- Monitor available data to track community impact and issues.
- Stay aware of misinformation being disseminated in the community. Ensure external facing communication systems are up to date, including websites, phone messaging systems, and patient and employee portals.
• Be prepared to convey critical information to the public and external entities outside of normal business hours. Ensure phone services or messaging systems are in place with updated information. If resources are not available for 24/7 service, find resources to direct callers to.

**Media Affairs**

Special considerations should be made to keep media informed during a pandemic. Having some plans in place for communicating critical information can be helpful in relaying external messages to the community.

• Treat media as partners in communication efforts rather than adversaries. They can help correct rumors and misinformation and publicize essential information such as how and when to seek testing and care as these evolve over time.
• Identify trusted media voices in culturally diverse local communities that mainstream media may not reach and collaborate to develop effective targeted messaging through familiar channels.
• When possible, pre-identify and pre-train experts to serve as facility spokespeople.
• Coordinate messages with other health systems and facilities through your healthcare coalition, hospital association, a public information officer workgroup, or official constructs such as a joint information system at the state level.
• Plan to provide regular updates and ensure the timeline is feasible for your team. Identify a media point of contact to send information to directly.
• If needed, have plans in place to help patients and their loved ones manage media engagement.

**Resources Related to Internal and External Information Sharing**

• American Hospital Association:
  - Communications: Internal and External
  - COVID-19 Communications Resources
• ASPR TRACIE:
  - Information Sharing Topic Collection
• Booth, C.: Communication in the Toronto Critical Care Community: Important Lessons Learned during SARS
• Center for Medical Simulation: Circle Up Training to Support Healthcare Workforce Communications
• Centers for Disease Control and Prevention:
  - CDC Clear Communication Index
  - Communication Resources
• Mount Sinai: Staff Emails and Town Halls

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