

Managing the crisis and the health care message:

How Emory University Hospital communicators prepared for Ebola

In summer 2014, the world focused on Emory University Hospital and how it would treat two patients sickened by the Ebola virus while in Africa.

Fears of the spread of infection, misinformation, and public outcry could spell disaster for the Atlanta-based provider.

Discover how Emory's communications team and stakeholders not only survived—but shined—as a result of taking on the Ebola virus.

Presented by:

RAGAN'S

**Health Care
Communication News**

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Introduction

The mantra was simple: Stay in your lanes.

In the span of three weeks, a core team of health care communicators at Emory University Hospital (EUH) steered media coverage and messaging surrounding the Ebola virus in the U.S.

When two American missionaries working in Liberia were brought to Emory for treatment, the communicators knew they were in uncharted waters. No one infected with the devastating virus had ever set foot on American soil.

This chronology details how EUH handled the global spotlight on its historic care efforts—before, during, and after the patients' arrival and successful treatment. From the CEO to the ambulance corps to the doctors who answered journalists' questions, everyone at Emory had to be on message and walk the HIPAA tightrope—with help from the Centers for Disease Control and Prevention.

This extraordinary case study offers lessons for all health care communicators in staying on message, informing staff and other patients, educating the public, delivering relevant information within strict parameters, and reinforcing the human aspect of all medical care.

The “stay in your lanes” mantra was coined by Barbara Reynolds, director of the Division of Public Affairs for the Centers for Disease Control and Prevention, also headquartered in Atlanta.

This nugget would serve as a constant reminder to Emory's communicators to be focused, share responsibility as needed, and stay on message.

ANSWERING THE CALL

On July 30, 2014, Emory University Hospital's Chief Executive Officer Robert Bachman received a phone call that would change the course of health care communication and media relations.

In an interview with [WSB-TV](#) in Atlanta, Bachman said he was asked to accept an ailing missionary affiliated with Samaritan's Purse and Serving in Mission (SIM), two missionary organizations doing volunteer work in Liberia. Bachman was willing to accept and treat the patient. Plans quickly got underway to transport the sickened individual from West Africa to Emory's campus in Atlanta.

The patient, later identified as 33-year-old Dr. Kent Brantly, would be placed in Emory's isolation and treatment area for infectious diseases. The unit had been created 12 years earlier in collaboration with the CDC.

With the Ebola outbreak spreading quickly through Liberia, Sierra Leone, and other West African countries, the World Health Organization was monitoring its path.

Could Ebola become a pandemic, similar to the H1N1 (swine flu) virus?

Would Bachman's willingness to treat a patient with Ebola be a dangerous and deadly mistake?

CONFIDENCE AND COMPETENCE

Bachman said he had the utmost confidence that the drills and training his skilled medical team had been through over the past decade had properly prepared them to contain the virus and treat their incoming patient.

Though Bachman's confidence in his team and facility didn't waver, he understood that the public knew little about Ebola.

Educating people—especially those who live and work in the Atlanta area—and controlling an anticipated media frenzy became priorities.

THE TIMELINE

On Thursday, July 31, 2014, Emory Healthcare sent a statement to Emory University Hospital patients announcing plans to receive and treat a person infected with Ebola. The statement also provided information about its facility, safety, and faculty expertise.

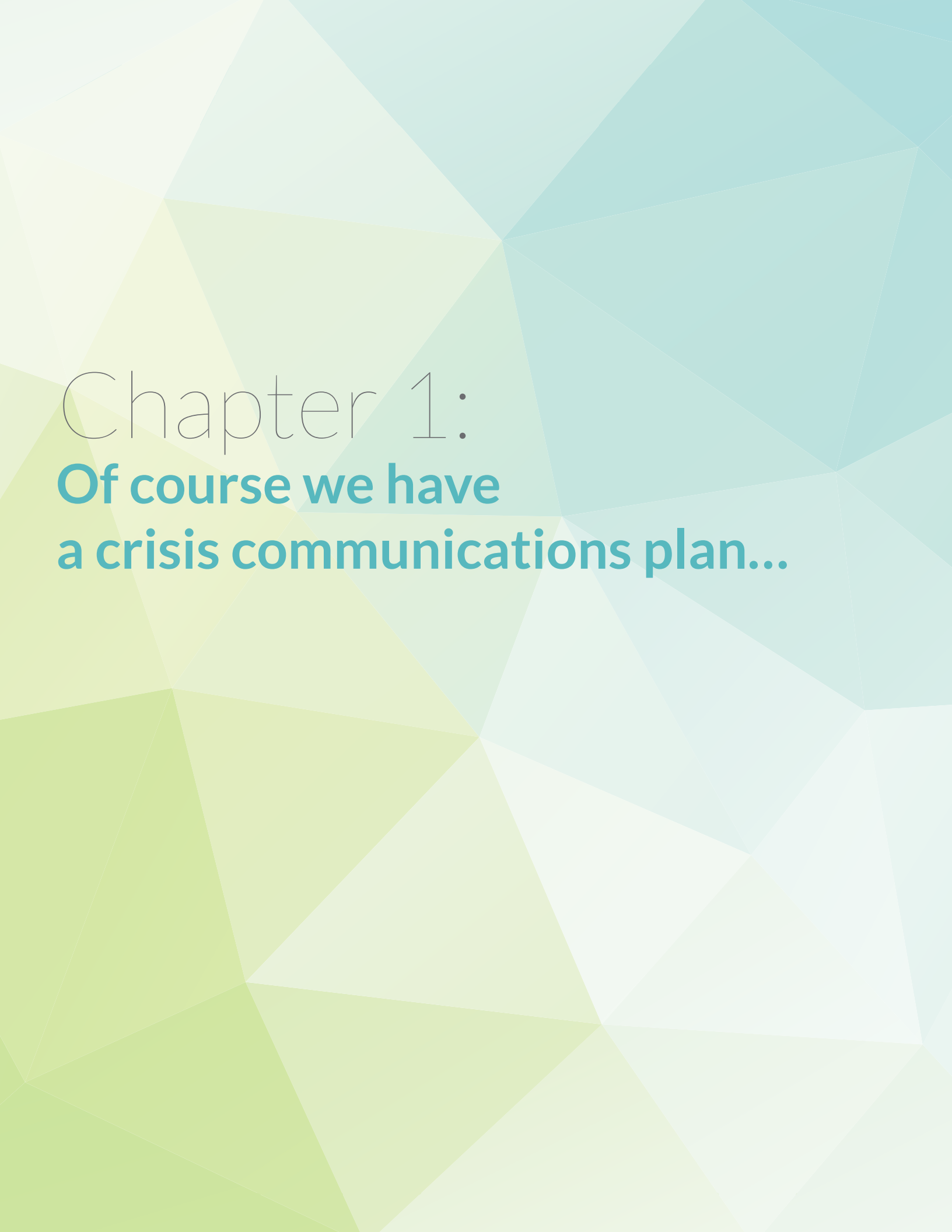
That same day, Emory issued a statement to the press that its hospital would accept a patient infected with Ebola. Thus far, the media had unconfirmed reports about the Ebola patient and any possible date of arrival. Emory's confirmation of the news included notification of a press conference.

Fridays are typically slow news days, but that wasn't the case on Aug. 1, 2014. Emory University Hospital leaders met with throngs of journalists from around the world to share its news.

During the presser, Emory officials announced they had agreed to treat a second missionary stricken with Ebola. This person would later be identified as 59-year-old Nancy Writebol.

The news conference provided a much needed platform for physicians to answer questions about the Ebola virus, how it would be treated, and the safety precautions that Emory would employ in treating the two patients.

Following the press conference, news teams set up shop at Emory, waiting for Saturday's arrival of the first Ebola patient. The second patient would arrive Tuesday, Aug. 5.



Chapter 1:

**Of course we have
a crisis communications plan...**

The approach: Is this an issue, a situation, or a crisis?

Vince Dollard, associate vice president for health sciences communication at Emory University, and Nancy Seideman, interim vice president for communications and marketing at Emory, were among a core group of 21 people tasked with managing the media and message around the Ebola story. Over the following three weeks, Bachman would meet with the group twice a day.

Dollard and Seideman were joined by:

- Physicians and nurses from the infectious disease area
- Representatives from Emory Health Care
- A representative from hospital operations
- A patient representative
- A chaplain

Seideman explained that Bachman's immediate decision to place senior communications people on the team was crucial. "From day one, we were united on our messaging. It was about safety, reassurance, and education about Ebola."

How quickly did Dollard and Seideman rush to Emory's crisis communications plan? Not very, said Dollard.

The six hospitals in the Emory Healthcare System have regular crisis drills that are conducted twice a year.

"They'll bring up a scenario and set up an incident command center, and an operations team is brought together," Dollard said. "Different scenarios play out throughout the course of the drill, which generally runs two or three hours, but all the different facets of the hospital are represented, so those drills happen on a regular basis."

Emory's crisis communications plan had been updated in March 2014, and the Ebola patients were treated in August.

AN IMPORTANT DISTINCTION

According to Dollard and Seideman, the Ebola situation wasn't deemed a crisis. There's a difference between crisis communications and issues management, Dollard noted.

"The team in the isolation unit has been preparing for something like this for 12 years, so when this came through the door, they were ready. There wasn't a moment's hesitation. That's why I'm not sure we'd call it a crisis. It's more of an issues management sort of situation," Dollard said.

PROTOCOLS, PROCEDURES, AND PROCESSES

Some might think that without a formal plan to reference during a global breaking news story, Emory was at risk for missteps and possibly an epic communications debacle.

Not the case, Dollard and Seideman said. Members of their well-oiled communications and marketing departments jumped into action to work on a story of global significance.

We were prepared and trained, and the expertise was here, for both the hospital and our entire communications and marketing team, explained Seideman. Having the right people in place “gave us a lot of confidence going into this that we could handle it very well.”

In all, the Emory communications department had 10 people working around the clock to oversee media outreach, public awareness, and messaging.

Dollard and Seideman left Bachman’s initial meeting and put together their lineup of Web content managers, social media coordinators, media relations reps, and others.

Assembling the players and determining their roles

Two days.

That’s how long the conglomeration had to prepare before word dripped to the media—and the world—that a patient with Ebola would soon be heading to the United States.

To get ready for the media storm, Seideman said, the group put together a listserv, which included media reps, social media contacts, Web content providers, and a videographer.

One factor that helped in organizing the communications team is that the media group is broken up into a beat system, similar to a newspaper staff. Each individual covers a different school or division. For the Ebola story, all of the beat reporters were brought on board. Dollard and Seideman said it was essential that communicators from the central university and the health care area worked together to tackle the project.

Again, everyone respected the “stay in your lanes” mindset.

Regarding protocol, Seideman said she or Vince—or both—had to approve all content before it could be sent through the communications channels and networks.

“The system worked really well. We were quick at distributing information. That started from day one when the media had gotten wind that an Ebola patient was coming to Emory. We wanted to make sure our plans were in place before we announced it, and we played it just right. We had a statement ready to confirm the media buzz, and we started with our basic messaging. Our focus was, again, on safety, reassurance, education, and why at Emory?”

HIPAA RESTRICTIONS

Many protocols and processes in health care communication revolve around patient privacy and legal issues dissected within the Health Insurance Portability and Accountability Act, or HIPAA.

The “stay in your lanes” mantra became increasingly important for Emory because CDC representatives were part of the

core team. Tasks—and egos—could easily clash, causing a multitude of problems that no one needed or wanted. Emory’s communicators were disciplined enough to stay on message while adhering to HIPAA mandates that patient names and other confidential information be withheld.

However, the HIPAA regulations do not apply to the CDC and Samaritan’s Purse. These two organizations were allowed to release the names of the sickened missionaries. Having official identifications quelled unofficial speculations. Although the Emory team was vigilant in protecting the privacy of its patients, being mindful of the CDC’s role was imperative. Dollard and Seideman wanted to ensure that reporters were clear about the dissemination of information and about the protocols that Emory had to follow.

To keep everyone in their own lanes, Dollard worked with the CDC and SIM.

EMORY AND THE CDC DIVIDE THE WORK

As seasoned as Emory’s communications and media team members were, few if any could have imagined the volume of press requests.

Dollard coordinated with the CDC on the breakdown of specific roles.

Once again, the “stay in your lanes” approach proved helpful.

“Because the CDC is a public health agency and we are a patient care facility, together we made the determination to keep one another posted, and we would refer the appropriate news media inquiries as needed. For example, if the reporters were public-health oriented or wanted information on West Africa, I would send them to the CDC. Likewise, if the media wanted details about how the special isolation unit works, the CDC would kick that over to us. It worked very well,” noted Dollard.

In addition to coordinating with other entities, Dollard and his team had to effectively convey to the two missionary groups that Emory University Hospital was working for their patients’ best interests. Everyone had to be on the same page.

Dollard concedes things could have easily gotten confused, as there were phone conversations with leaders from both missionary organizations, the CDC, state department, and public health.

The discipline exhibited by Emory’s team again paid off as they focused on their patients’ best interests and privacy, while working on managing their message.

THE POSSIBILITY OF LEAKS

The arrival and treatment of an Ebola-stricken patient had many components. The news could have easily been leaked to the press—but it wasn’t.

“We didn’t want the media to come out with simply the fact that an Ebola patient was coming to Emory,” Seideman said. “We wanted to be out in the first cycle with our messages about [the question], Why Emory? Again, we focused on the safety, reassurance, and educational message. And we did get that out in the first news cycle. It helped us get off to a good start in our messaging.”

The CEO's role with internal communications

Almost immediately, communicators—including Emory Healthcare representatives—crafted an email that was sent to some 35,000 employees. Leaders wanted to be certain that Emory staff didn't first learn of the situation from the news or other external sources.

Another important aspect of the internal communication was that CEO Bachman was hands-on, available, and approachable. He held a total of six town hall meetings, covering every shift in the hospital twice, to speak directly with the Emory Healthcare community.

Bachman wanted to be positive that people were receiving accurate information about the arrival of the first Ebola patient, and the mobilization of the special isolation unit. Both rounds of town hall meetings were well attended, Dollard said.

In addition to meeting with employees, all internal messaging was posted on the Emory Healthcare intranet. Dollard said the intranet is a popular source of information for Emory employees.

Gerard Braud, a crisis communications consultant, has praised Emory University Hospital for its initial internal efforts to reach stakeholders without using social media.

"It's important to recognize that Emory relied on tried and true communication channels: using the main website and intranet for factual information and sending direct emails to employees," Braud said. "In the case of a hospital, direct emails should be sent to current patients, family members, and to supporters, donors, and benefactors. This helps ensure that factual information gets directly to the stakeholders who matter most. The truth is that the world at large on social media does not comprise the primary group of stakeholders."

A central point that Emory didn't overlook was that their doctors had to care for more than just the two Ebola patients. Seideman said that with an entire hospital to run and a strong emphasis on care for all patients, the communications team had to draw boundaries with members of the press. "We had to be very careful with making good judgments about how we're asking doctors and nurses to use their time."

10 TAKEAWAYS:

1. Focus on patient care and privacy.
2. Craft and control the message.
3. Be inclusive.
4. Establish protocols immediately.
5. Convey accurate information before the press can share inaccurate information.
6. Understand the value of preparation.
7. Hammer away at the message every day.
8. Encourage top-level execs to communicate directly with employees.
9. Communicate with stakeholders.
10. Stay in your lanes.



Chapter 2:

Communication and preparedness for a global news story

Managing a torrent of media requests

In organizing for the arrival of the first patient, Emory's operations team met twice a day with CEO Bachman. The meetings served as a dashboard for managing internal and external communication.

A listserv with core communicators was a key tool used by Dollard and Seideman. When each new piece of content was ready to be posted or Tweeted, it would go through the small listserv, said Seideman.

According to Dollard, his 10-member media team met every morning.

"We would sit down with a sheet of media inquiries," Dollard said, "and we knew that the volume of inquiries was such that we had to prioritize. This was our guideline: Which media outlets are going to give us the best opportunity to educate the public about Ebola virus?"

"Keep in mind that as we were reviewing these requests, all of our phones were ringing off the hook. It was unprecedented." Bring on the Ebola patient

Following a lengthy flight from West Africa to the United States, an air ambulance landed in Cobb County, Ga. It was met by a specially outfitted ambulance that would transport the infected missionary to Emory.

The medical convoy was greeted by hundreds of reporters, who weren't sure what they were about to see. They did know that history was being made.

Medics exited the ambulance wearing white protective gear from head to toe and proceeded to open the back door of the ambulance.

What the media and public saw next was surprising.

The patient walked out of the ambulance with little assistance from a medical team member. There was no gurney, stretcher, or ailing patient connected to machines. Instead, the world saw a person in a full-body, white cover-up that resembled a Martian costume on Halloween.

What did this live visual do for Dollard and Seideman's communications team?

"It set off another wave of media [coverage], and I think that things would have pretty much calmed down, except we received the second patient the following week," Seideman said.

DELIVERING THE MESSAGE

As the first patient was settled into the containment area at Emory, Dr. Bruce Ribner, director of the hospital's Infectious Disease Unit, met with reporters.

That's when Emory's staff videographer got busy. He recorded the news conference and turned the content around quickly. Seideman said the details were posted on the Emory website. Parts were edited into a brief Q-and-A.

Emory's plan to educate people in a quick, concise manner was underway.

Jonathan Bernstein, president of Bernstein Crisis Management, explained that traditional press conferences occur in real time, as reporters now tweet snippets and sound bites, and post to their blogs. He suggested that hospitals and other institutions create hashtags to control the flow of information. "I tell my clients that if you don't manage your message, someone else will do it for you."

Dr. Ribner's ability to answer every question clearly and concisely won him accolades from Dollard and Seideman. In turn, Seideman said the media did an excellent job in educating the public.

"When it comes to a public health issue, the media really rallies, especially the local press," she said. "I think we were pretty confident that the five reporters in town would review the message we sent and help spread the message. The local TV stations and the Atlanta Journal-Constitution saw us working very closely with the CDC, with the public health department, and I think that shows everyone that this is a coordinated effort."

Two factors made the task at hand manageable, according to Dollard and Seideman.

- The messaging was accessible and to the point.
- They didn't create new messages, but kept reinforcing existing ones.

This was the "stay in your lanes" mentality in action.

When the second Ebola patient arrived at Emory on Aug. 5, 2014, the public saw a different scene unfold. The second ill missionary was on a stretcher, unable to walk into Emory as the first ailing missionary had done a few days earlier.

IT'S STILL ABOUT RELATIONSHIPS WITH REPORTERS

Dollard said PR professionals can't forget the fundamentals. He explained that being an academic medical center with hospitals, a school of medicine, and an extensive basic science research component, health sciences communications offices are tasked with conveying complex medical and scientific concepts to the media. The fact that Emory's relationships with the press had been positive prior to the Ebola story helped in terms of educating the public.

Crisis communications expert Gerard Braud said he was impressed with how Emory and the media approached the situation. Most notable from a health care perspective is that journalists now understand HIPAA laws and recognize the privacy of families and their relatives. Reporters aren't pushing so hard for excessive personal information, said Braud. "Overall, I thought the mainstream media did a good job of covering the event—and, where we stand today, that's a success story."

Hysteria and misinformation on social media

The assessment of messaging and outside coverage wouldn't be complete without the inclusion of social media.

Braud said he's not surprised there were trolls spreading rumors and hurtful things about Ebola and the infected people. However, it didn't take center stage because Emory was consistently relaying factual information.

"I don't need to hear everybody's two cents, and that includes Donald Trump," Braud said. "If Trump were an expert in infectious diseases, then he would have a valid reason for speaking up. But he is not an expert in the topic. He's just one more troll who was adding to the hysteria when we really needed a conversation built around facts.

"Ebola has the ability to be a global killer, a pandemic. We needed facts about how to proceed, how to protect ourselves, how to be healthy, and what precautions to take. The last thing any institution needs is to have detractors taking focus away from the factual information."

THE CONVERGENCE OF TRADITIONAL AND SOCIAL MEDIA

In helping to educate the public, the chief nurse for Emory Healthcare, Susan Mitchell Grant, wrote an op-ed piece that was published in [The Washington Post](#) on Aug. 6, 2014.

Seideman noted there was an incredible response to Grant's piece, which reminded the public of Emory's legal and ethical responsibility to treat all patients. Grant ended her op-ed stating, "we can fear or we can care," a mantra that resonated on social media.

Again, the messaging helped Emory communicators to "stay in their lanes" and remain focused on objectives.

Score one for mini-media tours

As the communications team provided media training to physicians, Dollard explained, the physicians developed an appreciation for the reporters' roles in educating the public. He said physicians took a great deal of time to speak with news crews, conducting mini-media tours that won praise from both groups of professionals.

To touch base with the reporters parked on the front lawn of Emory's campus, Dollard said two of the five doctors from the isolation unit team would speak with reporters for a total of 30 minutes. Each physician went from tent to tent, doing three-minute interviews. Each night, six or seven interviews would take place, giving journalists an opportunity to ask questions, gather sound bites, and get visuals. The interviews sent a message to members of the press that although Emory wanted to provide updates, the medical team also had a responsibility to get back to work and care for an array of patients.

Dollard and Seideman agreed that the mini-media tours worked well, and they gave credit to the physicians who took the time to participate.

10 TAKEAWAYS:

1. Simplify, simplify, simplify.
2. Build and nurture relationships with local reporters.
3. Think visuals.
4. Communicate with consistency and compassion.
5. Develop a unified message, and stay focused.
6. Repurpose content whenever possible, especially for digital channels.
7. Stay away from social media hysteria (trolls).
8. Remember to communicate with employees and stakeholders first.
9. Refrain from having a press conference turn into a feeding frenzy controlled by reporters.
10. Be respectful of subject matter experts' time.



Chapter 3:

Emory University communicators hit a home run

The human factor

On Aug. 21, 2014, Dr. Ribner once again found himself in front of throngs of reporters.

This time, he had a lot of company.

Dr. Ribner was flanked by Dr. Kent Brantly, the first Ebola-infected American to be treated in the U.S. Many members of CEO Bachman's operational team stood behind Dr. Ribner.

Yes, the communications team, many of whom put others in the spotlight but shun attention for themselves, were on hand, too. There was a sea of smiles.

Reassuring. Calm. Sincere. Concise. Factual.

These are the attributes exhibited by Dr. Ribner at the final press conference. Dollard and Seideman said the presser brought the situation full circle.

"His sincerity is evident. When he said bringing these patients to Emory was the right thing to do, he believes that in his core, and that certainly makes a difference. I thought he was letter perfect," said Dollard.

Perhaps the most compelling human component at the final press conference was Dr. Brantly.

His willingness to participate in the event and put a face on the story of Ebola is every communicator's dream. Nancy Writebol, the other missionary treated at Emory, had been discharged a few days prior to the press conference. She opted for a quiet exit, and she was interviewed a few weeks after her hospitalization.

A SNAPSHOT OF SUCCESS

Although metrics of news media coverage continue to be collected and analyzed, Dollard and Seideman say their team succeeded for a number of reasons:

- They never had an issue with partners and other players.
- They were united in taking time to prepare information before going public.
- They had significant expertise within the group.
- They had a lot of practice, training, and preparation.
- They had a supremely effective spokesperson.

Admittedly, the workload was grueling.

"We were on email and in communication 16 to 18 hours a day for the first 10 days," recalled Seideman. "For three weekends in a row, we pretty much worked around the clock. Vince was out there at 4 a.m. with a news truck when the story just broke. You just keep going from adrenaline knowing that this story is bigger than you are. That's what kept us all going."

Asked whether they could have done anything better or differently, Dollard and Seideman couldn't pinpoint anything they would change.

People on the sidelines, including media crisis experts Braud and Bernstein, agreed.

Bernstein said Emory followed his five descriptors of effective crisis management: prompt, compassionate, honest, informative, and interactive.

"Although there's a certain degree of crisis planning required for hospitals, this level is not required by the Joint Committee on Accreditation; it was voluntary. Emory hit this one out of the park," Bernstein said.

"You don't accomplish this on the spur of the moment. You get there by planning and training."

Bernstein calls Emory's crisis management "beautiful choreography."

10 TAKEAWAYS:

1. Put a face on the story.
2. Refuse to be rushed when developing and distributing your message.
3. Identify who will have access to the microphone.
4. Make sure the sincerity is evident.
5. Create hashtags.
6. Remember that traditional news reporters are now working in real time.
7. Be committed to your story, work, peers, and employer.
8. Avoid the spur of the moment; it's all about training and preparation.
9. Consider conducting mini-media tours.
10. Celebrate your successes.