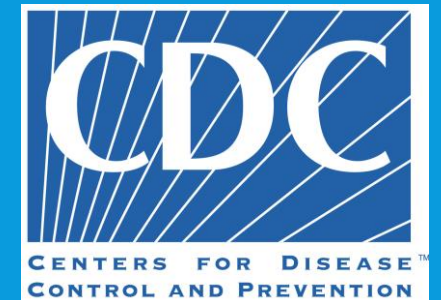




Common Traps in Communications: Critical Communication Skills for Infection Preventionists

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Why We All Need Effective Communication Strategies



- ❑ Public reporting of healthcare-associated infections
- ❑ Patient notifications during infection control breaches
- ❑ Emerging threats for patient safety (e.g., antibiotic resistance)
- ❑ Preparing your facility staff and chain of command to discuss patient safety issues

Healthcare Communication Landscape

- ❑ **Patient safety events generate significant press**
 - Press want local stories
- ❑ **Wide and varied audiences**
 - Need for reaching a broad healthcare team and broad group of patients
- ❑ **Our science is complex**
 - Topics can be difficult to grasp
- ❑ **Numerous prevention recommendations**
 - No single behavior can prevent all HAI threats
- ❑ **Need for strong risk communications**
 - Patients experience variety of feelings: fear, loss of trust, lack of control



Evolution Of Transparency



ELIZABETHKINGIA OUTBREAK

- 44 people diagnosed w/bloodstream infection
- Source of the bacteria unknown
- A majority of the patients are over 65
- All have underlying health conditions



These Events Impact Real People



Above: Evelyn McKnight was one of 99 patients in Nebraska who got hepatitis c virus during the course of her cancer care. Evelyn put her settlement toward the cause – help CDC prevent these outbreaks in the future.

Picture credit: USA Today (12/2012)

Below: Cassandra Gee lost her newborn baby, Tyrell, to a fungal infection at a children's hospital in 2008. She found out 5 years later that her son was one case in a larger outbreak. Picture credit: NY Times (4/28/2014).



Factors Influencing Risk Perception

*Perceptions Of Risk Are Influenced By Many Factors,
Not Just Numerical Data*

More accepted risks:

Those perceived to...

- ❑ Be voluntary
- ❑ Be under an individual's control
- ❑ Have clear benefits
- ❑ Be naturally occurring
- ❑ Be generated by a trusted source
- ❑ Be familiar
- ❑ Affect adults

Less accepted risks:

Those perceived to...

- ❑ Be imposed
- ❑ Be controlled by others
- ❑ Have little or no benefit
- ❑ Be manmade
- ❑ Be generated by an untrusted source
- ❑ Be exotic
- ❑ Affect children

What Patients Want To Hear When Things Go Wrong

- ❑ **Patients may feel fear, loss of trust, and lack of control**
 - Give patients and their healthcare providers action steps
- ❑ **Acknowledge uncertainty**
 - Honestly admit when information is not known
 - Explain what you are doing to learn more; provide a timeframe
- ❑ **Acknowledge emotions**
 - Patients may be angry by the situation
 - Be empathetic and even apologize
 - Send the message that you are working hard to get the situation under control



Photo from the Denver Post

Five Risk Communications Principles That Are Critical

1. **Be Ready – Have a Plan**

Develop A Response Plan For The Three Scenarios You Are Most Concerned About. Build Relationships Before A Crisis.

2. **Acknowledge the Situation**

If You Don't Acknowledge The Situation, People Will Think You Are Not Aware And Then They Will Start Rumors.

3. **Convey Empathy / Put a Priority on Empathy**

Messengers Are Considered Trustworthy When They Convey: Empathy, Caring, Commitment

4. **Value Transparency**

Be Honest, Frank, And Open. Trust And Credibility Are Difficult To Obtain; Once Lost, They Are Almost Impossible To Regain.

5. **Listen to and Acknowledge the Concerns of Those Who Are – Or Who Are Potentially – Affected (e.g., Patients)**

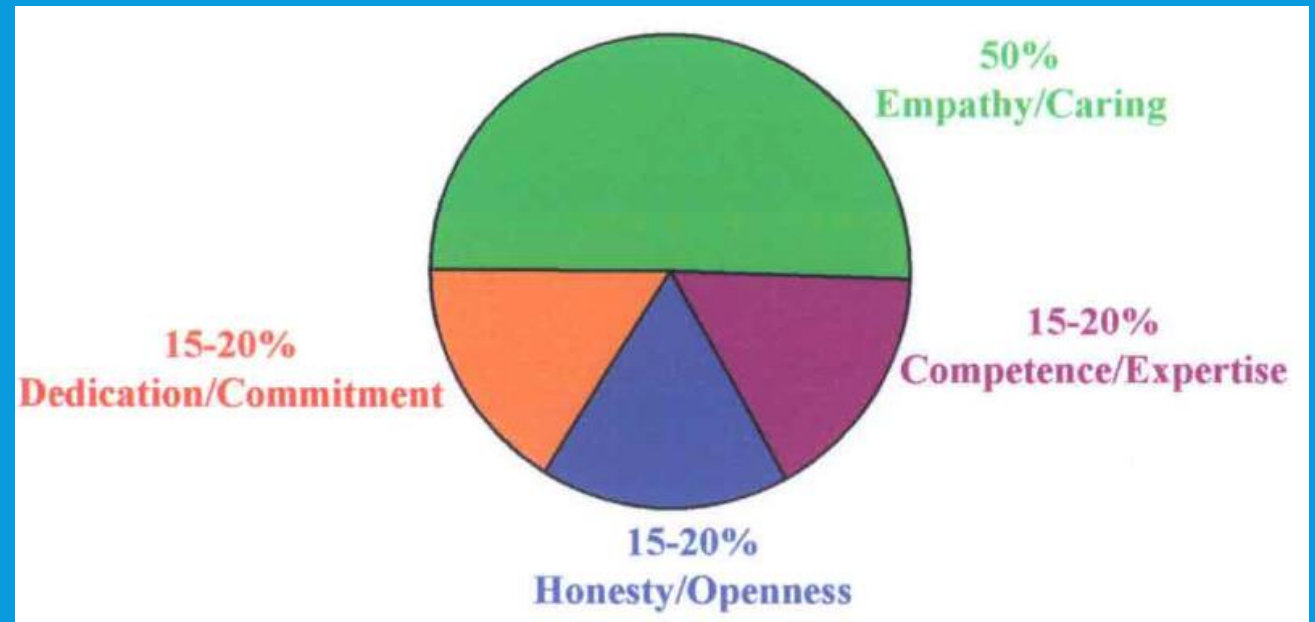
Provide Information That Addresses People's Concerns. Make Sure You, Your Colleagues, And Your Superiors Know Your Data And What You Are Doing To Address Public Or Patient Safety.

Maintaining And Building Trust And Credibility Is Critical

□ Risk communication literature identifies 4 factors that determine whether the public will perceive a messenger as trusted and credible:

1. Empathy and Caring
2. Honesty and Openness
3. Dedication and Commitment
4. Competence and Expertise

Trust and Credibility Factors



Example #1: Communicating Infection Data To The Media

Hospital A

Highest
Infection
Rates

Reputation
Challenges

Hospital B

Lowest
Infection
Rates

Not Well
Known

Hospital C

Mediocre
Rates

Best
Reputation

Example #2: Communicating Outcomes

With a mean lung function of 97.4% our outcomes for cystic fibrosis are among the best in the country.

Why?

Because 10 years ago, we thought our CF program was strong, until we compared ourselves to other children's hospitals and realized just how far behind we were.

Why?

Because our program needed to get better – and only by learning from other CF programs and being transparent with our patients' families every day could we start building better protocols together.

But, Why?

Because to save a child, we have to keep asking questions like one.

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 Cincinnati Children's
change the outcome™

*Source: National Cystic Fibrosis Foundation Patient Registry Report, ages 6-17 as of 2011, the most recent data available.

Example #3: Communicating During A Patient Notification

“We realize that you turn to our medical facility to get better. This event is intolerable to us as well, and we want to work with you to resolve the situation and ensure your safety and well-being. We are taking steps to ensure that this event never occurs again in our facility.”



Example #4: Prepare Your Facility Staff To Discuss Infections

Medicare.gov | **Hospital Compare**

The Official U.S. Government Site for Medicare

Hospital Compare
Home

About Hospital
Compare

About the data

Resources

Help

Home

+ Share

Find a hospital

A field with an asterisk (*) is required.

* Location

Example: 45802 or Lima, OH or Ohio

ZIP code or City, State or State

Hospital name (optional)

Full or Partial Hospital Name

Search



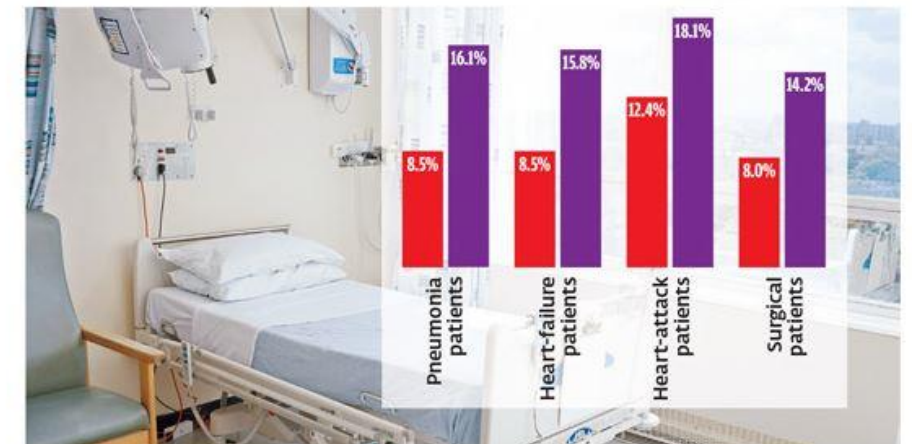
Do you know what clinicians in your facilities tell patients about their infection risk?

BY THE NUMBERS

The hospital you choose really matters

Death rates are much higher in some than in others.

High-rated hospital
Low-rated hospital



Compares the average death rates for high-rated and low-rated hospitals, for patients admitted with heart attack, heart failure, or pneumonia, and for surgery patients with serious, treatable complications. Data come from the Centers for Medicare & Medicaid Services for patients 65 and older.

What You Can Do To Prepare Your Facility



❑ Always do your homework

- Know your data and brief your colleagues (Secret weapon = TAP reports)
- During a breach or any incident – find out what happened and prepare yourself/facility for responding to tough questions



❑ Make sure clinicians can communicate on infection data



❑ Ensure your chain of command is aware

- Reassure chain of command that they will be kept in the loop
- Set up regular briefings; Prevent unwelcome surprises



Example #5: Be Ready – Have A Plan

Hospitals fight inner demons

It's not that rare for health care workers to steal drugs. The hardest ones to stop are addicts who don't care who gets hurt.



Joe Amon, The Denver Post;
at right: istockphoto.com

"Frightening" Often-targeted fentanyl delivers a huge high and is dangerously addictive. »8A

Caught. Most Colorado cases are simple thefts, as hospital workers try to sidestep security. »8A

Online. Search for cases at your hospital. » www.hfemsd1.dphe.state.co.us/hfd2003/facfind.aspx

By Jennifer Brown
and Michael Booth
The Denver Post

A frightening outbreak of hepatitis C linked to a hospital surgical tech who stole patients' painkillers and left behind her dirty syringes is already among the worst cases of its kind in the country.

But the theft of powerful drugs by hospital staff isn't that rare, occurring more than 100 times in the past 3½ years at 22 Colorado hospitals, according to a Denver Post review of state health department records. And the latest Colorado case, threatening 5,700 patients, may force new prevention methods on a system periodically beleaguered by drug theft by an employee.

Among the incidents:

- In April, an employee of Sky Ridge Medical Center in Lone Tree was found dead at home, with numerous hospital syringes scattered throughout the apartment. The worker's death followed patient complaints they were not receiving medication, and the hospital determined it was missing two doses of the painkiller Dilaudid.

- In May 2008, a Denver Health Medical Center employee was fired on suspicion of stealing more than 75 tablets of Percocet and other drugs, plus five vials of fentanyl, from locked cases.

- In August 2006, University of Colorado Hospital co-workers noticed a patient's hanging bag of fentanyl was empty five hours before it should have been. They found the employee responsible for caring for the patient in a bathroom with blood-spattered clothes and a plastic catheter wrapped around the employee's arm.

And just last week, a Milliken hospice nurse was accused of writing forged prescriptions for more than 4,000 pain pills.

"These people who get addicted are extremely good at what they do, and if you're

DRUGS » 8A



Addicted and exposed

The former surgical tech at the center of a hep-C scare wrote of loving her life. But, more fatefully, she fell for narcotics.



Federal indictment



19 VICTIMS, 42 COUNTS FOR PARKER

By Felisa Cardona
The Denver Post

A federal grand jury indicted surgical technician Kristen Diane Parker on 42 counts Thursday as prosecutors disclosed that the number of hospital patients who appear to have contracted hepatitis C from Parker has grown to 19.

"Nineteen people tested positive for hepatitis C who had surgery at Rose Medical Center, have the same genotype as Parker and did not have hepatitis C prior to surgery," said Jeffrey Dorschner, spokesman for the U.S. attorney's office in Colorado.



Crosby Powell, a former patient at Rose Medical Center, found out last week he was infected with hepatitis C. He has been told interferon treatments may be too hard on his aging body. Aaron Montoya, The Denver Post

Plan For Interest From The Media

- ❑ Media can be very helpful
 - Rapidly convey important health information
 - Particularly helpful in large-scale public/patient notifications
 - Patients or people exposed may be difficult to reach; media can spread the word
- ❑ Plan for interest and questions even if you don't plan to proactively engage the media
 - It is often the case that patients or healthcare personnel independently contact media during an outbreak investigation or a patient notification



Dr. Brian Currie talks to Dr. Richard Besser on how Montefiore has tackled CRE.

Messaging – Five Areas You Need To Be Ready To Address

1. **Explain how the event occurred** and 1) who is at risk; 2) why exposure puts a patient at risk; and 3) whether the risk can be transmitted to others.
2. **Give clear actions patients or healthcare providers need to take** if they were exposed and what actions others may need to do if possibly exposed.
3. **Provide a description of the steps of the investigation.**
4. **Provide clear timelines** - e.g., for the key events, any steps in investigations, major events/steps in the response
5. **Give details on what is being done to minimize the risk and harm** – to make sure the event doesn't happen again.

How to Develop a Plan

- **Write up 3-5 scenarios that concern you the most**
 - Outbreak of an emerging threat (e.g., Ebola, MERS, pan flu)
 - Outbreak of an endemic threat (e.g., MRSA, *C. difficile*, CRE)
 - Patient notification (e.g., infection control breach, drug diversion)
 - Reprocessing issue or error
 - Public reporting of high infection rates
- **Do your homework**
- **Set up a meeting with your CMO, Communications Director**



UCLA SUPERBUG OUTBREAK CAUSED BY DUODENOSCOPE

When Communication Efforts Succeed

Twitter's Surprising Reaction to the Meningitis Outbreak

5.1k /
SHARES



Lorenz

Fedblog

Government Executive Editor in Chief Tom Shoop, along with other editors and staff correspondents, look at the federal bureaucracy from the outside in.

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Meningitis, Twitter and Federal Brands

By Tom Shoop | October 16, 2012 | 2 Comments



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SHARE

"When a dangerous disease outbreak hits social media, the connected generation trusts some governmental agencies more than others, and Twitter users tend not to panic."

Mashable.com

October 16, 2012

"[CDC has] done an excellent job in communicating this story to clinicians and patients a like. From the website, to FAQs, to clinician webinars...the CDC has been transparent, clear, direct and timely."

Reflections On Contemporary Issues In The Fields Of Business Continuity Planning & Emergency Management

October 20, 2012

"When it comes to a public health crisis, the public apparently wants to know what the Centers for Disease Control and Prevention has to say"

Fedblog

October 16, 2012

Building Trust Takes Commitment Before The Crisis



CDC adopts lead role in communicating deadly meningitis outbreak

By Gil Rudawsky | Posted: October 15, 2012

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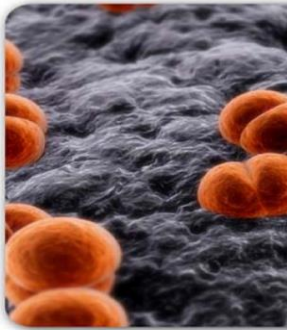
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The Face of the Matter

In today's world, what you say is as important as what you do



Home About Me

Posted on October 17, 2012

Previous

Building Trust is an Everyday Job

It's not often that I come across situations that involve crisis communications, public health, social media and reputation management. Call it the Jim Garrow quad-fecta (yes, I just made that up). But today I have one. And it's a doozy.

"The CDC has spent buckets of time, money, personnel and resources on establishing themselves as a credible, plain language, accessible, available source of health information, and now we're seeing the result of that effort. In a crisis, the public (and the media) are turning to them for updates and the latest news...If we want to be trusted in a crisis, we have to build that trust before the crisis. And there's no shortcut for doing that."

[The Face of the Matter](http://faceofthematter.com/2012/10/17/building-trust-is-an-everyday-job/)

October 17, 2012

<http://faceofthematter.com/2012/10/17/building-trust-is-an-everyday-job/>

Keys To Success



- ❑ **Be transparent by demonstrating**
 - Honesty & openness, empathy & caring, dedication & commitment, and competence & expertise
 - Acknowledge uncertainty and patient's fears
- ❑ **Listen and be compassionate in your messaging**
 - Include patient advocates, your audience, in your planning efforts
- ❑ **Staying ahead of the communication curve**
 - Communicate often
 - Utilize a traditional and social media strategy
- ❑ **Ensure collaboration with key stakeholders**
- ❑ **Build trust in advance of a crisis**
- ❑ **Prepare in advance so you can *ACT FAST!***



DISCUSSION