COMMUNICATE IN AN EMERGENCY

ACM TOOLKIT: Use Cases and Best Practices

The Centers for Medicare and Medicaid (CMS) mandate that care providers have an adequate emergency preparedness plan (EPP) in the event of a natural or man-made disaster. While a complete plan has many components, CMS has four main pillars:

1. Risk assessment and planning
2. Policies and procedures
3. Testing and training
4. **Communications plan**

Studies show that information is as critically important to people during an emergency as food or water. Not only can accurate information mean the difference between life and death, but it can also provide reassurance that response and recovery are truly underway. The following uses cases and best practices will help ensure an effective communication plan is ready when you need it most.

When should a care provider communicate in an emergency

Scenario(s)	Solution(s)	Benefit(s)	Result(s)
Security and safety concerns such as: - Lockdown/Active shooter - Lost resident	- Make it quick: ensure communications are timely and accurate (Feature: Bulk Notifications) - Make it known: segment the data that exists in your EHR and send a	- Ensures regulatory compliance - Delivers messages at a moments notice from anywhere - Improves situational awareness - Keeps everyone	When successful, your communication plan will result in: - Reduced inbound phone calls - Reduced unwanted in-person visits - An improved response when
Severe weather events such as: - Hurricane - Winter storm - Flood			

- Tornado - Wildfire - Heatwave - Earthquake	message to the right contacts (Feature: Advanced Filters)	safe and informed	calling in extra staff - Positive feedback from your residents, families and the community (including media)
Medical outbreaks such as: - Gastro outbreak - COVID-19 - Respiratory outbreak	- Make it accessible: pre-written messages in several languages (Feature: Templates)		
Business disruptions such as: - Road closures or city-wide outages - HVAC system malfunction - Phone or Wi-fi outages - Loss of power - Main water break	- Make it trackable: system analytics ensure message delivery and response logs (Feature: Communication Logs and Message Types) - Make it reliable: access from anywhere with multiple delivery formats (Feature: Communication Method and Blackout Override) - Make it collaborative: internal and external collaboration for each role (Feature: Staff Add-		

	on and User Roles)		

How should a care provider communicate in an emergency

First you need to assign a strong experienced communications professional, with direct access to the company's senior leader, and knows how to work with emergency officials, residents, families, staff and volunteers.

Overall, communication plans need to cover three distinct steps:
- Before an emergency
- During an emergency
- After an emergency

BEFORE

Ask yourself, what would you want to know when receiving a message? Consider:
- Your audience: the different groups you need to reach (residents, families, staff, emergency responders, Emergency Chain of Command Members, government officials, emergency offsite, media, etc.)
- How urgent is your message?
- How reliable is your communications tool(s)?
- What resources do you need?

When crafting the right message:
- Place the important content up-front
- Summary of the emergency plan, procedures and training, plans to deal with food, water, medicine, medical supplies, power, security, extra staff, etc.
- Define how you will ensure continuity of care, where the residents will be evacuated (if applicable)
- Provide common questions and answers
- Clearly state when to expect the next update
- For media, include a company overview, a mission statement as well as facts on the facility, residents, staff, partners and volunteers

DURING

Put your crisis communications plan into action. Be sure to document your actions and the results as much as you can during the emergency so that you can come back later and determine what worked and what didn't.

In all cases, your messaging should be:
- Specific to the audience and spell out who, what, when, where, why and how
- Consistent in that it says the same thing across channels and audiences
- Certain by confining your messages to what you know and what you don't know
- Free of guesses or speculation
- Clear by using straightforward language that avoids technical terminology, jargon or acronyms
- Accurate by clearly stating the facts
- Translated into different languages, depending on your audience
- Compliant with all legal requirements (e.g. sharing of patient information)
- If at all possible, make it your goal to communicate daily (especially with residents, families and staff) even if it is to say that there are no updates

AFTER

Determine the overall effectiveness of your communications plan and what, if any changes need to be made for next time.

Some factors to consider include:
- Evaluating any media coverage.
- Assessing how well prepared you were to deal with the crisis. Consider surveying different audiences or hold focus groups with residents, staff, families or emergency responders.
- In addition to ROI metrics, look to measure resolution and positive change and asses your communications tool. Did your communications help those most impacted by the crisis? Did your response prompt change to prevent future crises?