Responding to a Crisis Within: One Hospital’s Journey
Crisis communications is always a challenge. But there is a big difference between a crisis in which your organization shines serving its community and one where it is the source of the crisis.

The tragic 2013 death of a missing patient in a stairwell at San Francisco General Hospital and Trauma Center devastated family and friends and deeply shook the hospital's staff and community.

Communication was only one aspect of this story - but it was an essential part of the response.
Introduction
Themes

- context of the event
- **crisis communications principles** that were employed
- facts of the case
- **complexity** of the situation and
- how in conclusion, the hospital became a **safer** place
Top 3 Points

- Hospital leadership includes communications
- Proactive response to crisis
- Consistency and focus
Lynne Spalding, a 54 year old woman, was admitted to the hospital for progressive physical and cognitive decline. On the 3rd day of hospitalization she went AWOL. Her nurses and physician called our security service (we contract with the San Francisco Sheriff’s Department) requesting assistance locating and returning her to the floor.

Listening to the taped phone calls later we learned her that in some cases her description was grossly incorrect and security had a limited response since she was not on a legal hold. She was not found that day.

Over the subsequent 5 to 7 days the family initiated a missing persons campaign in the neighborhood. They were in touch with the hospital and the SFPD.

On the 9th day, we requested an additional search of the campus from our security team.

On day 17 following her AWOL, on a standard quarterly patrol of the service stairwell a building engineer found Ms. Spalding's remains.
July: Crisis Communications

- When the crisis is a source of pride, top performance
- International news

October: Crisis Communications

- When the crisis is a tragedy caused by your organization
- International news
Asiana Airlines Accident, July 2013
## Crisis communications principles

### Positive: stand in spotlight
- Be the source
- Move as quickly as possible
- Timely, accurate information

### Negative: face the music
- Do not wait for complete information
- Stay factual
- Internal communications
Here is an example of these principles in use during Asiana.

http://www.youtube.com/watch?v=wa4xgpSxWn0 (from 7:45-10:00)
Response infrastructure

**Day one**
- Hourly briefings
- Mass Casualty Incident data
- Physician speaker
- What people can do
- Social media

**Day two**
- Regular briefings
- Media hotline
- Email blasts
- Physician/VIP speakers
- Requests for patients/family
The facts

- What we knew
- Admitted – Sep 19
- Date of disappearance – Sep 21 AWOL
- Fair condition
- Requested additional search – Sep 30
- People Magazine, Oct 1 – during AWOL period
The facts, continued

- Date of discovery – Oct 8 dead body found
- Dates of revelations – Oct 9 identified
- Report of body in stairwell – Oct 4
When I got the page on Oct 8, I knew it was her.

My stomach sank.

I thought, our next two years start now.

This is very, very bad.

Poor woman.

I was paged a little after 10am, and within the next three hours I was giving a media statement in the parking lot.
- https://www.youtube.com/watch?v=Wh-2hKb5fzo
- https://www.youtube.com/watch?v=C75DRe7tpK4
Communication

- Press statements Oct 8 & 9
- Press conferences Oct 8 & 9
- Letter to patients Oct 9
- Mayor’s visit Oct 10 – calls for independent review
- Updated website – started earlier
- Health Commission update Oct 14
- Sheriff’s statement Nov 6
- Internal communication
https://www.youtube.com/watch?v=jXQbsAjyYv4
CNN story that includes Mayor’s remarks
Message development

- Always mention family
- Always express sympathy
- Always say what has been done, what is being done, what will be done
- Follow up on questions, seek new information
- Move swiftly, report out
- Always reiterate relevant facts, timeline
- Never blame, be defensive, sound tired of it
- Don’t try to change a tragedy into something else
- Bring it back to the mission, serving patients
- Hospital
- Sheriff
- Police
- Media
- Patient’s family and friends/lawyer
- Staff
- Foundation/Donors
- Investigators
- Regulators
- Health Commission
- City and County of San Francisco
A safer hospital

- Immediate responses
- AWOL reforms
  - Assessment and care of at-risk patients
- A plan
- Security oversight and standards
  - Searches, leadership
- Transparency and communication
  - Staff and public, family and lawyer
Results

- CMS accepted the Plan of Correction January 2014
- The capital campaign continued
- The Mayor, Supervisors, stood by the hospital
- The patient’s family reached a settlement with the City without a lawsuit or trial
- UCSF independent review completed March 2014
- The health department restructured security for all its facilities