Public Information

The University of Kansas Hospital and Medical Center Emergency Operations Plans provide guidelines on responding to an emergency or crisis situation. The Public and Government Relations and Corporate Communications departments are responsible for ensuring the accuracy, consistency and full coverage of all information related to a serious incident, crisis or disaster at The University of Kansas Hospital and Medical Center.

Crisis Assessment
A crisis at The University of Kansas Hospital and Medical Center is classified into one of three categories; Class 1 (Serious Incident), Class 2 (Crisis), or Class 3 (Disaster).

- **Class 1: Serious Incident**
  Scope: Limited to the campus.
  Employees: Managing the response without major problems. No casualties.
  Government Agencies: Minimal. Phone calls followed by written report may be needed.
  Public Concern: Limited to word of mouth.
  Media coverage: Local and regional. One-day coverage.

- **Class 2: Crisis**
  Scope: Affecting hospital and nearby communities for a short period of time.
  Employees: Diverted from normal business activities to handle the crisis. Minor injuries.
  Government Agencies: Local agencies will actively monitor hospital's response, then investigate the cause and issues citations/fines for infractions.
  Public Concern: Some but not serious. Residents and businesses may contact hospital to determine if they may be affected.
  Media coverage: Two days to one week of publicity, depending on extent of damage and clean up. Regional coverage with possibility of statewide wire service and trade press.

- **Class 3: Disaster**
  Scope: Impact on a significant geographic area for an indefinite period of time.
  Numerous casualties.
  Employees: Total work force involved in the response and evacuated from the site. Fatalities and/or serious injuries.
  Government Agencies: Directly involved at the scene in the response, with authority to take control if necessary.
  Public Concern: Substantial public anxiety. Possibility of lawsuits and/or demonstrations by consumer advocates and other activist groups.
  Media coverage: Hundreds of media contacts per day for the first week. Story may continue for weeks, depending on recovery. Network TV and radio, major newspapers, news magazines.

Hospital Command Center Function and Location

The function of the Hospital Command Center is to implement all aspects of the Emergency Operations Plan in the areas of leadership, support and decision making; and, to serve as the central area of disaster related communications.
A Hospital Command Center will be established for all complex-wide disasters.
  - The Hospital Command Center will be located in HEO #1, HEO #2 of the Hospital Board Room, depending on number of participants.
  - The Boardroom at the Westwood Campus will serve as the Hospital Command Center if the hospital centers are not functional or if the Westwood campus is the focus of the crisis.
  - The University of Kansas Medical Center Command Center is located in the hospital basement, room 703, the KUPD Squad Room.

Representatives of the following communications functions must be present at the command center:
  - Public Relations for external communications
  - Corporate Communications for internal communications

Additionally, the following communications functions may be needed to participate:
  - Hospital Marketing
  - Government Relations
  - University Communications
  - UKP Human Resources

All media inquiries specific to the serious incident, crisis or disaster will be transferred to the Hospital Command Center. The switchboard will be instructed to forward all calls regarding the crisis to the Hospital Command Center.

Notification of Communicators for Crisis Management

Each department is responsible for deciding who is the first contact for a crisis.

For Public and Government Relations, if the media person on call receives the first primary notification, the on call person receives the initial information, decides if it is significant enough to bring in the director and other staff. If the director receives the call as part of the Emergency Notification System, the director then assesses the situation and decides whether additional staff is needed. A representative of the department will report to the command center in person or by phone

Corporate Communication

Government Relations: The Director of Public and Government Relations will decide if additional government relations staff is needed.

University Communications: The Public Relations staff in the command center must apprise University Communications of any crisis situation and University Communications will take whatever action deemed necessary.

Communications with news media

All news media communications must go through Public and Government Communications.

The PGR representative will immediately draft either talking points or a statement to be approved by the Incident Commander.

The statement will be distributed or talking points will be used in interviews with the news media.
The Command Center will be the source of all information delivered to the news media. No information received outside the Command Center will be relayed to news media without first being reviewed and approved in the Command Center.

Interviews with physicians, patients or anyone else on hospital property must go through Public and Government Relations. Any interview with a patient must be preceded by a signed HIPAA release. To facilitate cooperation with the news media, PGR may shot its own video and interviews and make them available to reporters.

**Patient Information**

In the event of a mass casualty situation, HIPAA regulations permit the hospital to release the number of patients it received and a range of conditions. When the number of patients is reduced to a level where personal identification could be possible, the mass casualty rules end and regular HIPAA procedures are followed.

The only conditions given will be:
- Critical: Vital signs are unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable.
- Serious: Vital signs may be unstable and not within normal limits. Patient is acutely ill. Indicators are questionable.
- Fair: Vital signs are stable and within normal limits. Patient is conscious, but may be uncomfortable. Indicators are favorable.
- Good: Vital signs are stable and within normal limits. Patient is conscious and comfortable. Indicators are excellent.
- Treated and Released
- Stable will **not** be used.

The hospital will not disclose the death of a patient. Media will be asked to get information from the appropriate law enforcement agency instead. The hospital will not know whether family members have been notified.

Crime victims will always be treated as denial patients, and the only response to a request for a condition of a named crime victim will be “We cannot confirm nor deny the patient’s presence in the hospital.”

**Media Staging Area**

Reporters will not be allowed in hospital buildings during a crisis.

Reporters will be asked to gather:
- Until the Fall of 2013, at the northeast corner of 39th and Cambridge. Briefings will be conducted there as needed.
- After Fall of 2013, at the southeast corner of Cambridge and Olathe Boulevard. Reporters can use the Olathe II garage if necessary, except for their live trucks. Briefings can be held in the MOB lobby.
- Larger Media Briefings will be held in the School of Nursing Auditorium, with the approval of the University.
Other External Communications

Public and Government Relations will also coordinate communications with necessarily for some if not all of the following audiences.

- Government Officials (Federal, State and Local)
- Neighborhood Associations
- Activists
- Associations
- Social Media (with Marketing assistance)
- Web Site (with Marketing assistance)
- Video for internal or external use (with Marketing and Corporate Communications)

Internal Communications

Corporate Communications will coordinate consistency of messages with Public Relations and/or University Communications to prepare communications for some if not all the following audiences:

- Hospital Authority Board
- Hospital Leadership
- Hospital Staff
- Hospital Medical Staff
- Specifically Impacted Departments
- Donors
- Vendors
- Switchboard
- Information Desk
- Partners

Marketing

It will be Marketing’s decision whether to pull advertising as a result of the crisis.