



Crisis Communications Workshop

Danya Bushéy, Vice President of Corporate Communications, Sentara Health

Hannah Curtis, Media Relations Consultant, Carilion Clinic

Grant J. Heston, Chief Marketing & Communications Officer, VCU

Chris Turnbull, Senior Director of Corporate Communications, Carilion Clinic

Emma Swann, Director of Public Relations, Bon Secours Mercy Health

October 17-18, 2023

Agenda

- Fundamentals of crisis communications
- Cyber attack tabletop
- Expert Panel: 20 Ideas in 20 Minutes
- Q&A



Who We Are



Bon Secours Mercy Health

10 hospitals in
Richmond and
Hampton Roads

~14,000 employees

~600 employed
providers



Carilion Clinic

Headquartered in
Roanoke, VA

7 hospitals, 250+
ambulatory

~14,000 employees

~1,000 employed
providers



Sentara Health

Headquartered in
Hampton Roads, VA

12 hospitals, 300+sites
of care

3 states

30,000+ employees

2 health plans serving
~1 million members



VCU Health

Headquartered in
Richmond, VA

~13,000 employees

U.S. News ranks the
VCU Health Medical
Center as Virginia's
No. 2 hospital

Fundamentals

Bottomline Objective

Through efficient flow of timely, accurate, and credible information and instruction, instill confidence in your hospital's ability to effectively manage a crisis and maintain operations.

Why does it even matter?

- Can mean the difference between recovery and failure.
- Allows you to respond versus react.
- Aligns resources and messages.

Crisis Communications Planning Elements

1. Identify risks
2. Develop Crisis Communications Plan
3. Develop Message Templates
4. Assemble Guidelines
5. Create Aide Memoire
6. Train / Practice

CRISIS COMMUNICATIONS TEAM INFORMATION

213 McClanahan Meeting Locations

- » Fourth Floor Conference Room
- » Ground Floor Bullpen

Virtual Meeting

Media Duty Officer

540-525-6041 (voice/text)
media@carilionclinic.org

Carilion Clinic Police 540-981-7911

Incident Command Point of Contact

Crisis Communications Team

CRISIS COMMUNICATIONS MEETING AGENDA

- » **Assess** the situation in terms of people, facilities, technology, communications, critical hospital operations
- » **Consult** the Carilion Clinic Crisis Communications Plan
- » **Consider** the communication impacts and potential needs for board, management, staff, patients, visitors, public
- » **Determine** necessary actions, timeline for actions, responsibility for actions, resources needed, next meeting time/location



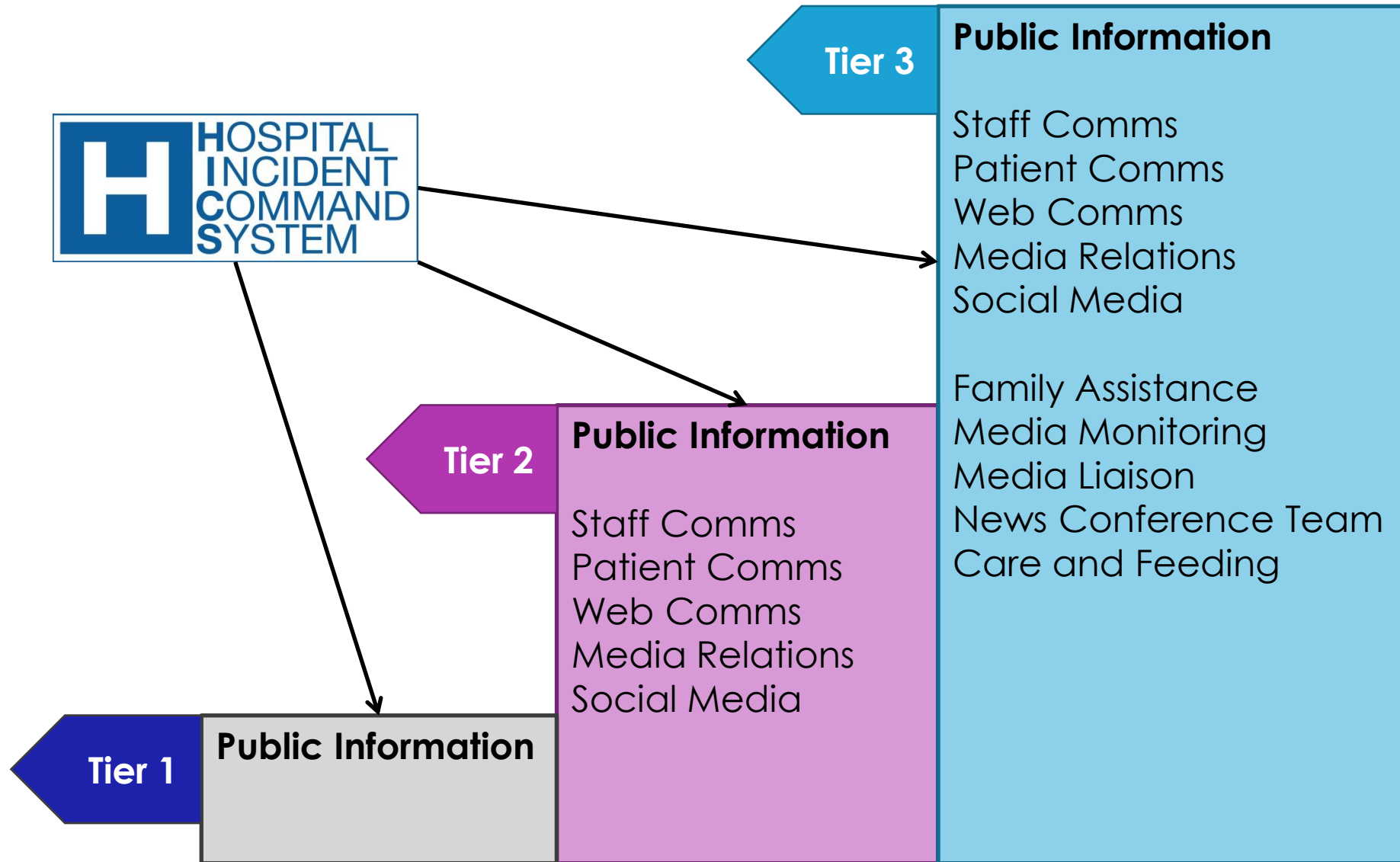
Advice

BEFORE:

- Build a team
- Identify risks
- Develop a plan
- Create messages
- Practice



BUILD A TEAM: Here's ours

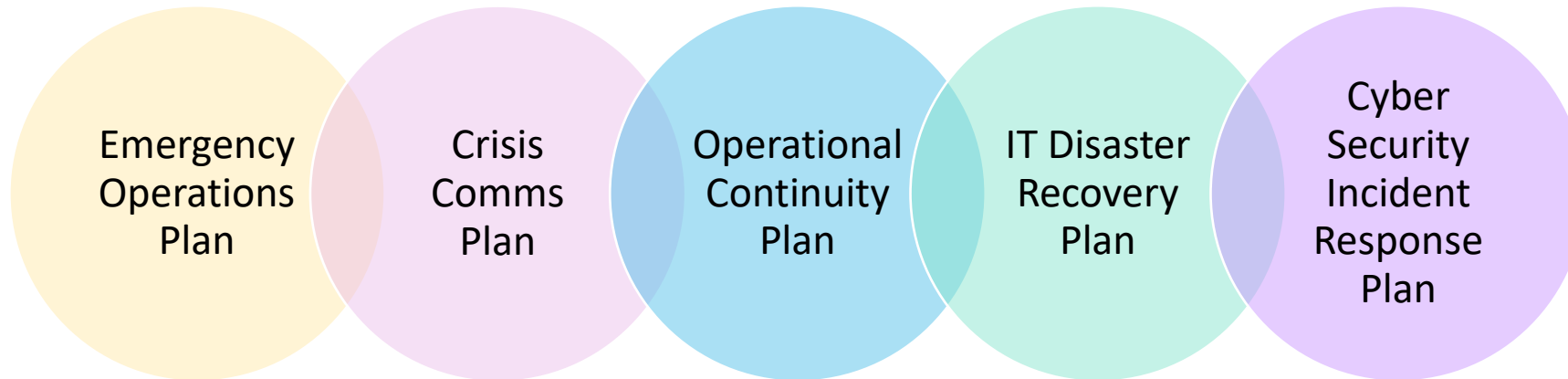


IDENTIFY RISKS TO REPUTATION

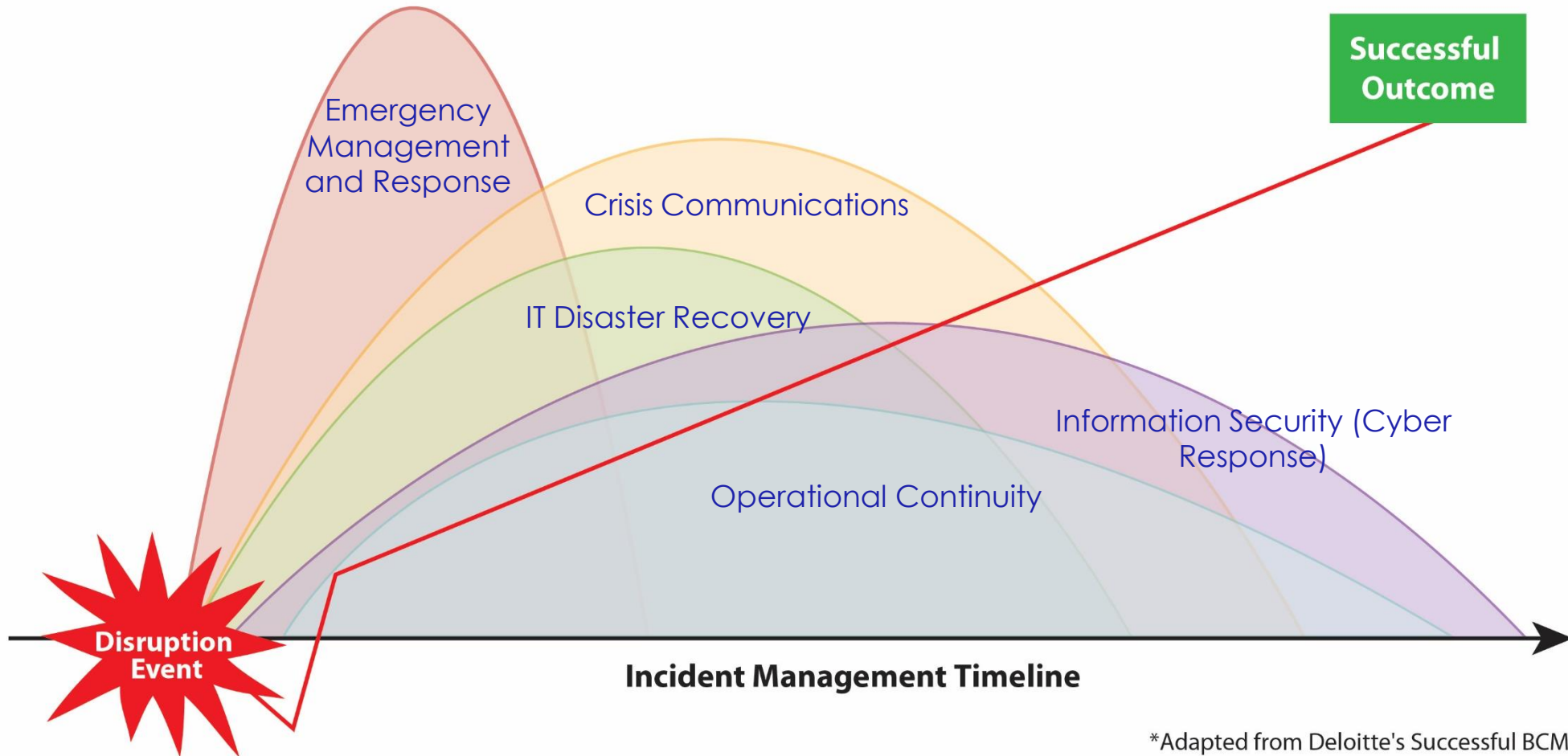
	IMPACT	SIGNIFICANT	EXTENSIVE	MODERATE	NEGLIGIBLE	INSIGNIFICANT
LIKELIHOOD		<ul style="list-style-type: none"> Multiple deaths Compromise of info with significant ongoing impact Destruction or complete loss of assets (>50%) >30% of budget National media attention Partial or complete disruption of operations 	<ul style="list-style-type: none"> Single death or multiple injuries Compromise of info significant to organizational purposes Extensive damage or loss of assets (<50%) >10% of budget Sustained regional media attention Significant reduction in operations 	<ul style="list-style-type: none"> Major injuries Compromise of information significant to organizational operations Damage or loss of assets (<20%) 5-10% of budget Sustained local media attention Limited disruption of operations 	<ul style="list-style-type: none"> Minor injuries Minor compromise of information Minor damage or loss of assets (<5%) 2-5% of budget Limited local media attention Limited impact on operations, minimal delays 	<ul style="list-style-type: none"> Minor injury Compromise of information otherwise available in public domain Minor damage to assets 1% of budget Local media mention Minimal impact on non-core operations
CERTAIN	<ul style="list-style-type: none"> Expected within a year 	CRITICAL	CRITICAL	HIGH	HIGH	MEDIUM
LIKELY	<ul style="list-style-type: none"> Probable within a year 	CRITICAL	HIGH	HIGH	MEDIUM	LOW
POSSIBLE	<ul style="list-style-type: none"> Could occur in the next 2 years 	HIGH	HIGH	MEDIUM	LOW	LOW
UNLIKELY	<ul style="list-style-type: none"> Could occur in the next 5 years 	HIGH	MEDIUM	LOW	LOW	NEGLIGIBLE
RARE	<ul style="list-style-type: none"> Could occur in the next 10 years or longer 	MEDIUM	LOW	LOW	NEGLIGIBLE	NIL

Build a Plan: System Structure

Depending on the nature of the incident, more than one response plan may be activated.



Incident Management Timeline



*Adapted from Deloitte's Successful BCMS

DEVELOP A PLAN

- Key Objectives/Assumptions
- Risk Summary
- Preparedness/Mitigation Phase
- Response Phase
- Recovery Phase
- Plan Maintenance
 - Continuous improvement



PRACTICE



Advice

BEFORE:

- Build a team
- Identify risks
- Develop a plan
- Create messages
- Practice

DURING:

- Anticipate needs
- Address needs
- Assess yourself



Crisis Communications 101

- Getting ahead of a crisis by anticipating messaging needs:
 - Leaders/Boards
 - Employees
 - Patients/visitors
 - The Local Community
 - Media

What does it take to communicate in crisis?

- Be genuine
- Be transparent
- Be empathetic
- Verify info
- Don't speculate



Advice

BEFORE:

- Build a team
- Identify risks
- Develop a plan
- Create messages
- Practice

DURING:

- Anticipate needs
- Address needs
- Assess yourself

AFTER:

- Decompress
- Take time
- Review the event
- Update plans



Tabletop Exercise

Exercise Goals

- Practice communication decision making in the wake of a cyber incident.
- Explore boundaries for what we will/won't communicate in response to a ransomware attack.
- Identify opportunities for collaboration and/or improvement in your own communications plans.



Exercise Instructions

1. Treat the exercise as real.
2. Details will not be as complete as you would like. The value is in the process, the dialogue and the experience.
3. Focus on strategy and less on tactics. You have teams of people who are operating at the tactical level to respond. They need to know the direction you want them to take.
4. Do not debate that something has happened, could have happened or is available.
5. Stay in your role the entire time.
6. Don't assume. If you do not know something, ask a facilitator.
7. The facilitators will provide you with "twists and turns" throughout the exercise, just as would happen during a real crisis.
8. Take notes about information presented to you
9. If you need to contact individuals not involved in the exercise, the facilitators will play those roles.

Setting the Scene

- Tertiary care center and the region's only Level 1 trauma center
- 1,000 beds
- ~4500 staff onsite per shift
- Dedicated children's hospital sits within the larger facility
- ED consistently at capacity
- Overall facility beds typically at 95% census

Congratulations! Your table is the communications team for the facility.

Initial Scenario:

7 A.M. Monday Shift Change

Overview:

- Computers show ransomware message on lower floors of a 15-story hospital
- ED Impacted
- Switching to downtime procedures

Cyber team actions:

- Cyber Security Team activated and investigating
- Reports from staff about red screen
- Effort to shut off network on those floors

Action Items:

- What is the comms team doing? What needs to be done?
- You have **three minutes** to develop your communications plan.
- Use the CAN framework

C – Conditions

Known knowns. Known unknowns. Unknowns unknowns.

A – Actions

What are we doing now? What are we doing soon?

N – Needs

What do we need? When?

Initial Scenario:

8 A.M. Monday

Overview:

- 3rd and 4th Floors are now impacted
- ED, Dialysis, 25 ORs impacted

Cyber team actions:

- Shut off network to entire facility.
- Consider isolating network for the health system.
- Engage with federal, state and local authorities.
- Determine the usability of their own equipment and comms channels. Are they compromised?

Action Items:

- What is the comms team doing?
- You have **five minutes** to update your communications plan. (What do you want to share, when, to whom?)
- What else are you going to need in the near future
- Use the CAN framework

C – Conditions

Known knowns. Known unknowns. Unknowns unknowns.

A – Actions

What are we doing now? What are we doing soon?

N – Needs

What do we need? When?

Debrief

- Most important thing you learned?
- What can you take back to your team?

*Panel:
20 Ideas in 20 Minutes*

Chris Turnbull, Moderator
Carilion Clinic

Danya Bushéy
Sentara Health

Hannah Curtis
Carilion Clinic

Grant J. Heston
VCU & VCU Health

Emma Swann
Bon Secours Mercy Health

Discussion & Questions





Danya Bushéy
Sentara Health
dpbushey@sentara.com



Hannah Curtis
Carilion Clinic
hrcline@carilionclinic.org



Grant J. Heston
VCU & VCU Health
hestongj@vcu.edu



Emma Swann
Bon Secours Mercy Health
Emma_Swann@bshsi.org



Chris Turnbull
Carilion Clinic
crturnbull@carilionclinic.org