



# HEALTHCARE RISK MANAGEMENT™

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## Crisis Management Requires Action Plan for Quick Deployment

**C**risis management after a significant clinical event or other issue can thrust the risk manager into a sink-or-swim situation. A proper response can minimize the negative effect and a poor response can greatly magnify the fallout. Managing such an event requires preparation up front so an action plan can be activated when needed.

The well-being of patients and family should be the first consideration in a crisis event, followed closely by the staff, says **Leslie M. Jurecko**, MD, MBA, senior vice president for quality, safety, and experience at Spectrum Health, based in Grand Rapids, MI. Spectrum Health plans for crisis management by considering four buckets of concerns, she explains.

The first is concern for the patient

and family. The second involves the frontline staff involved in the event. Only after those groups are taken care of does the health system address its own concerns, Jurecko says. The fourth group is the leadership and executive board of Spectrum Health.

"I have found that organizations tend to worry about how to

communicate with the board of directors and leadership, and that takes the eye off what is most important: the patient and family involved in the event," Jurecko says. "We're very disciplined about not going on to those other groups before we really surround the patients, family, and frontline staff with what they need."

Jurecko and her colleagues usually learn of adverse events and crises through reports to the risk

THE WELL-BEING OF PATIENTS AND FAMILY SHOULD BE THE FIRST CONSIDERATION IN A CRISIS EVENT, FOLLOWED CLOSELY BY THE STAFF.

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**EDITORIAL QUESTIONS**  
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manager, who passes the notice on so that the health system can deploy its crisis management plan, she explains. An immediate response is crucial, she says.

“It helps us with disclosure to the family, and it helps us work through whether we need to be more transparent, whether we need to apologize, and determine whether we need to protect other patients from this happening again,” Jurecko says. “When we move on to system issues, we’re thinking about whether this can happen again tomorrow. Using the high reliability preoccupation with failure, we think about what things we need to control so that this doesn’t happen again.”

## Involve Patient, Family Early

Spectrum Health uses a crisis management checklist that concentrates on those four areas of concern. The checklist includes items such as who should be with the family when going through the disclosure process, appointing staff members to stay with the family or be available at any time, and providing family members a phone number for immediate access to someone familiar with the situation for updates or to answer questions.

Spectrum Health has learned the importance of involving the patient and family members as early as possible in crisis management, disclosing information as it becomes available in an effort at full transparency, she says.

“We also like to include their trusted providers in the process. If they have a primary care provider they know and trust, we will reach out to them and bring them into the process,” Jurecko says.

The health system also performs functions that Jurecko says can be easily overlooked but are important in crisis management. For instance, Spectrum Health puts an immediate halt to all billing for the patient and family after an adverse event. For especially sensitive cases in which a loved one has died or been seriously injured, the health system halts all other mailings to respect the family’s time to grieve and heal.

“We don’t flood them with all the other information that can come from a health system and, in that circumstance, seem insincere and inappropriate,” Jurecko says. “We’re good about working with our communications team to think through all those extra things that you might not think about at first but which are important if you’re going to respond in the best way to these events.”

## EXECUTIVE SUMMARY

Crisis management in healthcare can determine how much an organization suffers from an adverse event. Risk managers should ensure there is an action plan for responding to a crisis.

- The well-being of patients and family members should be a top priority.
- Transparency and good communication are key to limiting the effects of an incident.
- Employ a crisis management team that is trained and ready to respond quickly.

Leadership at the health system hold a conference call within 24 hours, often on the day of the event, to go through the checklist and determine next steps. “We have to take a deep breath and not go into that call with the wrong attitude. The entire team will feed off any anxiety we express, and we cannot blame the humans involved in the incident,” she says. “We immediately talk about not blaming the humans and looking for the systems failures. That’s how we set the tone of these calls.”

The leaders do not end the call until they have a plan for disclosure to the family and mobilizing the system’s crisis incident response team for the staff involved, Jurecko says. That response team is headed by the pastoral care department and includes staff members from across the system who have been trained in helping others deal with stressful events.

## Debrief for Emotional Well-Being

The crisis incident response team conducts a debrief with staff members involved with the incident, but the focus is entirely on the emotional well-being of the staff, Jurecko explains.

“It is not a root cause analysis debrief. This is for the team to start their healing process,” she says. “Getting to the stage where people are comfortable with that idea has taken time. After one of these events people are very stressed about people being blamed and what is going to happen to them. They need to be reassured that our first concern is their emotional and physical health, and that any investigation into what happened will focus on system issues rather than individual blame.”

The conference call also includes the risk manager providing some initial harm coding that makes it possible to start formulating a root cause analysis, Jurecko says. An executive also is named as a sponsor for the health system’s response to the incident, she notes.

The response plan can run into problems if the organization loses contact with family members after the event, Jurecko says. That is one reason it is crucial to immediately assign a staff member as the family’s contact and encourage a bi-directional line of communication, she says.

Hospitals and health systems should build crisis management plans that embrace transparency and concern for those most affected, Jurecko says. Timidity based on fear of litigation or media exposure will only hamper the effort and backfire in the end, she says. *(See the story on page 124 for more on why it is detrimental to minimize public comments.)*

“Don’t be scared. Be bold on this,” she says. “A lot of healthcare organizations and their team members feel scared about talking about things that don’t go well at the hospital. We have to remind them that this is a complex system and taking care of your patients, family, and frontline staff is the best thing you can do. It always ends up better than keeping patients, family, and staff out of it, which just makes for a harder journey.”

## Some Organizations Fearful

Some healthcare leaders are becoming more fearful, resulting in poor crisis management decisions, says **Matt Friedman**, co-owner of Tanner Friedman Strategic Communications, a public relations

and strategic communications firm based in Farmington Hills, MI, with crisis management experience in healthcare.

“It can be fear of executive wrath, litigation, reputational damage,” Friedman says. “I encourage them to do the right thing because, especially in healthcare, just doing the right thing goes a long way. You’re supposed to be in the business of helping people, providing life, saving lives, so doing the right thing should be a guiding principle.”

Risk managers and other healthcare leaders should be prepared to address challenges head-on, Friedman says. Healthcare entities are too high profile to think they can get away with hiding bad information, no matter what the lawyers say, Friedman explains. They are often the largest employers in their communities, and often are owned and governed by their local communities, making it especially difficult and ill-advised to try to hide bad information, he says.

“Fear of litigation often forces healthcare entities to not say anything or not say enough. They are in the people business, so issuing statements alone can’t get them through every situation,” Friedman says. “A client has told me that sometimes you have to push people, not paper. There are trusted individuals inside every healthcare organization, and they often make the best possible spokespeople who can talk to audiences with authority, credibility, and provide reassurance, along with concern for people affected.”

## Respond Quickly, Clearly

Speed of response is key, Friedman explains. The longer it takes to respond, the greater chance that the

crisis will rise in news prominence and dominate news coverage and public discussion, whether or not that is warranted, he says.

But quality of response also is key. Empty and hollow does not work for healthcare, he says.

Friedman recalls working with a hospital that realized it may have performed procedures with gastrointestinal scopes that were not properly sterilized. The risk to patients was very low, but the hospital decided to send notification letters to patients. A few dozen patients were affected.

“That definitely fell under doing the right thing, but I encouraged them to go a step further. They had a physician call each patient, alerting them that the letter would be arriving soon,” he says. “The physician described the situation, said the risk was very low, but that the hospital wanted them to know and to answer any questions they might have. There were only positive responses from the patients, no litigation, and no media coverage at all.”

Risk managers should work closely with the organization’s public relations department for crisis management, Friedman says. Involve them as early as possible in crisis management.

Do not make the mistake of thinking the role of public relations is only to talk to the media and take complaints from the public, he says. “Sometimes, public relations can be the conscience of the organization, if they’re doing their jobs well,” Friedman says. “They should be able to look at the organization from an outsider’s perspective, seeing how the hospital is being perceived and what people need from it at that moment, and they should be able to connect with their audience in a personable way.”

It is essential to assemble a crisis management team that is ready to respond quickly, says **Mary Patrick**, CEO and managing partner with Jasculca Terman Strategic Communications, a Chicago firm that handles crisis management for healthcare organizations. That team should include internal communications, legal counsel, risk manager, and outside communication agencies if internal communications is inexperienced or too busy, or if the crisis is too big to handle internally, she says.

The team also should include a decision-maker, possibly the CEO or another high-ranking executive who can make decisions quickly, she says. Once the crisis management team is mobilized, you should add team members relevant to the incident, such as the head of the clinical department involved.

Patrick offers this list of priorities for crisis management:

- Support the victims;
- Fix the problem;
- Ensure all stakeholders know how you are handling the event;

## ‘NO COMMENT’ IS NEVER THE RIGHT RESPONSE

When something has gone wrong and your hospital or health system is under scrutiny, it may seem the simplest response is to say nothing. But that can be a huge mistake, because “no comment” never looks good. Healthcare organizations sometimes mishandle crises by buttoning up, issuing terse statements through public relations, and encouraging the public to think they have something to hide, says **Matt Friedman**, co-owner of Tanner Friedman Strategic Communications.

That can result from people thinking that they must follow internal procedures to the letter, fearing that any deviation will cost them their careers, he says. That is one reason the internal procedures must be constructed so that people can be transparent and communicate effectively.

“Some healthcare organizations like to talk through heavily lawyerized statements, in the name of protection and safety, without thinking of direct communication with their audience,” he says. “I worked with one hospital that was about to settle with government over a marketing issue, nothing to do with patient care. I wrote a message from the CEO to the public that was forthright about the matter, trying to get ahead of any publicity. The attorney for the hospital that handled the settlement with the Department of Justice completely rewrote all the materials and made them sound like lawyerized stuff that would be submitted to a government bureaucrat.”

Friedman had to negotiate with the lawyer to balance the legal message with the information the hospital wanted to convey to its audience.

“If only the legal message got out, the community may have been confused and unnecessarily nervous,” he says. “It’s a good strategy to negotiate this on the front end so that the message getting out is effective and limits how long the bad news is out. Otherwise, you can have lawyers overruling whoever wrote the original message, and only the legal message makes it out to the public.” ■

- Mitigate damage;
- Engender sympathy or trust;
- Build back positive reputation.

## Be Careful With Social Media

One of the most common mistakes or oversights in crisis management is moving too slowly, because trouble fills a vacuum, Patrick says. Other mistakes include neglecting to communicate to staff and internal audiences, acting or looking defensive, and not apologizing when warranted.

Engaging early or wrongly on social channels can be another big mistake, she says. Sometimes, just entering the conversation elevates it because a big health system has now weighed in, Patrick says. Engaging with social media needs to be a strategic decision.

“A lot of times, people focus a lot on the digital media and trying to figure out how to respond on those platforms, but you have to back up and think about the other audiences that matter to you,” Patrick says. “People forget to communicate with their staff, so focused on external audiences that they forget about the people around them. They can be your best ambassadors for you when people stop them at the grocery store or bus stop to ask what’s going on, but they can’t be helpful if you haven’t told them anything.”

It is important to have one voice speaking for the organization in a crisis, says **Stephen A. Timoni**, JD, an attorney with Lindabury, McCormick, Estabrook & Cooper in Westfield, NJ. The media and attorneys will look for inconsistencies, seizing on them to allege impropriety, he notes.

“That spokesperson should have

a clear and consistent message regarding the incident, which should be developed by a team that includes your lawyer. The message should be completely truthful,” Timoni says. “This is a difficult position to put someone in because they have to perform well under pressure. That might not be your CEO, because that person might be a great manager but not necessarily the best person to communicate this message in the most effective way.”

It also can be important in some situations to notify your insurance carrier, Timoni notes.

## Get Facts Quickly

A crisis management plan also must allow participants to gather facts quickly, says **Janey Bishoff**, a crisis management expert in Boston. Gathering the facts can be challenging, but is critical in any crisis, she says.

“There are only minutes, not hours or days, to understand what happened. Leaders should ensure that they have a way to immediately gather all of the information necessary about the situation,” she says. “In a crisis, information is paramount, yet it often is like peeling back an onion to obtain all of the facts necessary to effectively manage the crisis.”

Preparation ahead of time is key, she says. The team must know their roles in a crisis and have a crisis playbook, a plan that can be implemented almost instantaneously.

“It is not a binder with hundreds of pages, or even tens of pages, that sits on a shelf. It should be a living document with checklists,” Bishoff says. “Today’s preparation must include discussing and preparing

for all types of reputational crises as well as emergencies. Most healthcare organizations are well prepared for a patient or facility emergency, but few organizations are focusing on all of the different types of issues that can throw even the most well-respected organization into crisis.”

## Public Wants Transparency

Understand that the public demands transparency, Janey says. If it becomes clear that leadership did not know what was happening in the leaders’ own organization, that can add to or become the crisis, she says.

Do not make the mistake of thinking that a crisis will never hit your organization, Janey says. Many healthcare organizations prepare for emergencies caused by natural disasters, but not for human errors, lapses of judgment, and the many other incidents that can become a crisis, she says.

Never trust that there are some individuals, including those on the leadership team, who do not need to undergo training for issues such as sexual harassment, Janey says. “Another common mistake is trying to think that something won’t become public,” she adds.

The key elements that will determine how well the organization fares after the event are how quickly the organization responded, and how forthright the organization was in the response, Janey says.

“If an apology was needed to regain trust, the outcome also will be determined by whether the organization promptly accepted responsibility and if they apologized,” Janey says. “The public is amazingly forgiving when leadership quickly acknowledge and



take responsibility for a mistake, a lapse in judgment, or a rogue player, and when they make an apology that is sincere and authentic. The apology should not only acknowledge the need to make changes, but demonstrate how the changes have been or will be made quickly.” ■

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# 2020 to Bring More Focus on Patient Safety, Technology Solutions

**P**atient safety will be the primary concern for risk managers in 2020 as government regulators and accrediting bodies continue to raise their expectations in this area for healthcare organizations, several experts predict.

Regulatory requirements concerning patient safety will continue to expand in the coming year, says **Bette McNee**, RN, NHA, clinical risk management consultant at insurance broker Graham Company in Philadelphia. Healthcare organizations are beginning to look for ways to make better use of nurses and other staff, helping them to work at the top of their abilities rather than handling menial tasks, she says.

McNee notes that some hospitals are even experimenting with the use of robots that can fulfill minor tasks such as delivering items to a patient. This can help address a growing concern over the patient experience, in which a hospital can be downgraded for nonclinical concerns such as a family member unhappy with how long it took a nurse to bring a requested item, she notes.

Improving the patient experience is important because it can reduce liability risks, McNee says.

Disgruntled patients and family are more likely to press for litigation, she says, even when their source of dissatisfaction is relatively minor and not associated with patient care.

“One of the things we expect to be a priority for risk managers is using technology to improve efficiency. That can increase patient safety and reduce nursing burnout,” McNee says. “We have this increased scrutiny on patient safety. If we can save the staff and nursing time for what matters most to the patient’s safety, that’s an improvement for everyone.”

## Also Threats From Technology

But at the same time, McNee notes, healthcare organizations are becoming increasingly wary of patient safety threats from malfunctions of machines and medical devices.

“When you have a cool IV pump that is tied to the call bell system and does all these other things, a failure in any of those machines can increase the liability risk,” McNee says. “For risk managers, it will be a huge concern to make sure that maintenance and failsafes with

existing technology are addressed with this new technology.”

The prudent deployment of technology should be a goal for 2020, says **Tracey Kilcullen**, Esq., vice president of claims services with Graham Company. Work toward using technology to reduce the staff’s work burden of menial tasks requiring no special skill or training, allowing nurses to focus on patient safety and improving the patient experience, she says.

“If you are trying to use technology to do things that in the past trained clinicians have done and you’re doing it perhaps too fast or not in the best way, you might just create more fodder for plaintiffs’ attorneys claiming profit over patients,” Kilcullen says.

## Improve Root Cause Analyses Now

McNee also encourages risk managers to look at how well they have been performing root cause analyses. If you have let yours become routine exercises, now is the time to improve, she says.

“Some people do a great job at