Department of Veterans Affairs

VHA facility center-level communication before and during a pandemic: Steps, principles, elements

Prepandemic planning

- VHA facility center public affairs staff should consider that in the prepandemic/preparing stage communications planning and efforts should take into account both:
  - o Communicating "now," i.e., before a pandemic, with the goals of increasing understanding of health, prevention, and health care issues and of roles and responsibilities.
  - o Planning for communicating during the pandemic, with the goals of being able to provide information, address misinformation, facilitate effective operations, and lessen anxiety.

These efforts should be done in concert with (and with the support of) medical center leadership and pandemic influenza planning staff and VHA Central Office.

Appendix D-3: REVIEW AND LIST OF COMMUNICATION PRINCIPLES AND ELEMENTS TO USE BEFORE, DURING, AND AFTER a PANDEMIC (attached), covers general principles for use before and during a pandemic, and provides lists of stakeholders, vehicles, and channels to consider in creating plans.

- Communicating before a pandemic:
  - o Steps in communicating now about pandemic influenza preparedness include:
    - ▪ Developing consistent and accurate information about:
      - ▫ What pandemic influenza is, what may happen, implications for the medical center
      - ▫ What individuals can do to protect themselves and prevent transmission
      - ▫ What VA, VHA, and the medical center are doing via their planning efforts
      - ▫ Roles and responsibilities as outlined in the medical center plan for before and during a pandemic
      - ▫ Local resources including public health departments and health care facilities
    - ▪ Identifying key internal and external stakeholders for this information, such as:
      - ▫ Staff – clinical, nonclinical, security, telephone operators and receptionists, medical trainees, volunteers, contractors
      - ▫ Patients and their families
      - ▫ Veterans Service Organizations
      - ▫ Local public health and health care agencies
      - ▫ The media
    - ▪ Engaging stakeholders in a dialogue during the early stages of planning to ensure a clear and common understanding of concepts such as rationing of resources, quarantine, and obligations of clinical caretakers.
    - ▪ Listening to stakeholders to assess their understanding, answer questions and concerns, and seek their input and ideas.
    - ▪ Using a variety of vehicles to convey information to key stakeholders, such as:
      - ▫ Newsletter articles
      - ▫ Fact sheets and trifolds
      - ▫ Announcements and news release

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1

- □ Email announcements
- □ Presentations/discussions at meetings (staff, community at large, local health counterparts)
- □ Slide sets
- □ Briefings
- □ Conference calls
- □ Easily found Internet and Intranet sites where this information is posted
- □ Scripts for receptions and telephone operators – both information on the current situation and template for information updates during a pandemic
  - ▪ Considering the use of alternative formats for individuals with disabilities, translation for staff, patients, and families as necessary and easier-to-read wording for individuals who do not read well.
- Planning for communicating during a pandemic:
  - o Steps in planning for communication during a pandemic include:
    - ▪ Developing a process to create consistent, accurate, and timely information using a streamlined approval procedure.
    - ▪ Identifying spokespersons, usually medical or leadership, who are knowledgeable, credible, articulate, willing, and prepared to speak to the media and other key stakeholders when needed before a pandemic and during a pandemic; rehearsing with them and obtaining media training for them as necessary.
    - ▪ Updating fact sheets and general information about the medical center (such as key facts, key staff).
    - ▪ Developing templates to convey information (announcements, status reports, news releases) during a pandemic as well as distribution lists for this information.
    - ▪ Considering how to work with the media. Besides having one or more identified spokespersons, consider telephone or teleconference briefings.
    - ▪ Developing a means for staying up to date, including identifying and addressing rumors, inaccuracies, and misperceptions.
    - ▪ Updating or establishing key contact lists, such as:
      - □ For key staff – direct work phone, home phone, cell phone, fax numbers, email addresses
      - □ For media – phone, email, fax
      - □ For local public health (including communications staff) and health care sites – phone, email, fax
    - ▪ Establishing ways to seek input from stakeholders and provide information that they need.
    - ▪ Establishing or updating ways to communicate in emergencies such as:
      - □ Telephone trees, i.e. structured lists of phone numbers (home, cell) that can be used to get the word out to staff or other individuals
      - □ Call-in systems for use during a pandemic for staff to report availability for work and their own health status
      - □ Live advice hotlines for patients to call in on
      - □ Recorded information lines that patients and staff can use to obtain information

Communication during a pandemic

- VHA facilities will make use of their pandemic influenza communications plans and other emergency communications plans. Aspects of these plans will include:

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2

- o Using consistent and accurate information about the status of what is going on the medical center, what individuals can do to protect themselves and prevent transmission, what VA is doing.
- o Regularly informing internal and external stakeholders of news and developments, including
  - Staff – clinical, nonclinical, security, telephone operators and receptionists, medical trainees, volunteers, contractors
  - Patients and their families
  - Veterans Service Organizations
  - Local public health and health care agencies
  - The media
- o Using a variety of vehicles to convey this information, such as
  - Announcements and news releases
  - Email announcements
  - Scripts for receptions and telephone operators with basic information for veterans and staff who call in
  - Fact sheets
  - Presentations/discussions at meetings (staff, community at large, local health counterparts)
  - Briefings
  - Conference calls
  - Easily found Internet and Intranet sites where this information is posted
- o Using a streamlined but effective process to create and get approval on consistent, accurate, and timely information.
- o Making available pre-identified spokespersons, usually medical or leadership to speak to the media and other key stakeholders.
- o Using templates to help convey consistent information and standard distribution lists so that there is a record of who has been told what.
- o Being proactive with staff, veterans, the media, veterans groups, and the community possibly offering telephone or teleconference briefings.
- o Staying up to date, including identifying and addressing rumors, inaccuracies, and misperceptions
- o Having on hand (at work and at home) key contact lists for key staff, the media, and local public health departments.
- o Making use of alternative means of communicating in emergencies, such as telephone trees to get the word out, call-in systems (live or recorded with or without answering machine capability), recorded information on the status of operations.

REVIEW AND LIST OF COMMUNICATION PRINCIPLES AND ELEMENTS TO USE BEFORE, DURING, AND AFTER A PANDEMIC

General Communication Principles

VA communications will be carried out in accordance with existing VA public affairs policy and guidance and will include the following principles in communicating before, during, and after the pandemic period:

- Aim for maximum disclosure with minimum delay.
- Be consistent ("speak with one voice") as well as timely, accurate, and appropriate.
- Provide regular and direct information about what is known and not known.

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3

- Keep all key stakeholders informed and engaged: staff, veterans, and stakeholders external to VA.
- Employ multiple channels and formats for information.
- Be clear and use plain language.

Emergency Risk Communication Principles

VA communications will use other principles in addition, particularly during a response to a pandemic, which are derived from emergency risk communications practice, such as:

- Use streamlined approval processes that enable accurate but rapid information.
- Provide information frequently and proactively.
- Listen to assess understanding, answer questions and concerns, and seek input and ideas.
- Be open and transparent.
- Seek information on and address rumors, inaccuracies, and misperceptions.
- Minimize stigmatization.
- Acknowledge anxiety, grief, and stress.
- Give people things that they can do.

Stakeholders

A wide array of individuals and organizations are concerned with VA and its actions before and during a pandemic. VA communication planning and actions will take into account as many of these stakeholders as possible.

Internal Stakeholders

- Every VA staff member, including those in
  - Central Office
  - Veterans Health Administration
  - Veterans Benefits Administration (VBA)
  - National Cemetery Administration
  - Veterans Integrated Service Network Offices
  - Medical centers
  - Community based outpatient clinics, nursing homes, domiciliaries
  - Readjustment counseling (vet) centers
  - VBA Area Offices
  - Regional Offices (VBA benefits offices)
  - Memorial Network Offices
  - National cemeteries
- VA leadership, including the
  - Office of the Secretary and key staff
  - Offices of the Under Secretaries for Health, Benefits, and Memorial Affairs and key staff
- VA clinical staff, including doctors, nurses, and other health care providers
- VA nonclinical staff in health settings
- VA contract staff
- Staff in special positions such as residents and interns
- Volunteers
- Unions
- VA chartered advisory committees

VA Pandemic Influenza Plan, March 2006 **This document contains guidelines for communications between VHA facilities before and during a pandemic flu outbreak.VHA facility communication, plus Appendix D-3**

4

- Telephone operators
- VA emergency planners
- VA security and police staff
- VA Canteen Service
- VA Franchise Fund/VA Enterprise Centers
- VA public affairs officers and professional and patient educators and trainers

Veteran Stakeholder Groups

- Veterans enrolled in VA health care or served by VBA or NCA
- Veterans in general, from the oldest veterans (World War I) to the newest (veterans of Operations Enduring Freedom and Iraqi Freedom)
- Families of veterans – parents, children, spouses, significant others
- Veterans Service Organizations – national, state, and local
- Veterans Service Officers – local and state
- County veteran service officers

External Stakeholders

- The White House
- Congress and Congressional Staffs
- Other Federal health care systems
    - Indian Health Service
    - Department of Defense/military health care system
    - Bureau of Prisons health care system
- Other Federal Agencies
    - Department of Health and Human Services, including the Centers for Disease Control and Prevention, the National Institutes of Health, and other components
    - Department of Defense
    - Department of State
    - Department of Homeland Security
- State government officials, including health and veterans affairs departments, and state legislators
- Local government officials
- Indian tribes
- National Guard units
- Community public health departments, health facilities, and health care providers
- Private sector health care and community partners
- Academic affiliates of VA medical centers (i.e., universities)
- Vendors (pharmaceutical firms, suppliers)
- VA building tenants and tenant organizations
- Local law enforcement
- Local emergency management and response
- The media – print, Internet, television, and radio at the international, national and local levels

Channels for Reaching Stakeholders

VA will use a variety of channels to communicate both before and during a pandemic to insure that its many concerned stakeholders are reached. Channels of communication during a pandemic will need to

VA Pandemic Influenza Plan, March 2006 **This document contains guidelines for communications between VHA facilities before and during a pandemic flu outbreak.VHA facility communication, plus Appendix D-3**

5

include those that can be used rapidly and reach people in nontraditional ways.   During a pandemic, traditional channels may work for parts of the country or community not currently affected by the pandemic and others may work for parts of the country or community that are affected. Information needed to access these channels should be up to date (for example, email lists, phone numbers). Communications channels include:

- Email (individual as well as Outlook groups)
- Internet (and VA Intranet from VA computers only)
- Telephone - hotlines, conference calls, recorded messages for incoming calls, recorded messages for outgoing calls, call trees (cascades or call down systems)
- Satellite conferences/videoconferences
- Meetings – small to large, including all-employee or "town hall" meetings that may involve staff or the community or both
- Media briefings – face to face, phone, videoconference
- Faxes
- Mailings (of letters, postcards, trifolds, notices)
- Printed materials (such as brochures, fact sheets, wallet cards, pocket cards, flyers, trifolds, posters, notices, tent cards, tray liners)
- Newsletters and magazines
- Public service announcements (via print, Web, radio, TV)
- Public address system
- Closed circuit TV
- Employee home email and home phone numbers
- Ham radio system based on collaboration of VA facilities and ham radio clubs throughout country
- Employee email/telephone tree system for each organization and facility
- Commercial radio/TV public service air time
- Emergency contact call/email list (national and local) – for national and local veteran service organizations, local military installations, public safety organizations, public health organizations, health facilities outside VA, municipal governments

Communication Tools/Vehicles

VA will use a variety of tools that will be employed to describe pandemic influenza, what individuals can do, and what VA is doing to prepare, and in the event of a pandemic, to provide this information plus updates on VA responses and status. Of the list below, tools most useful in a pandemic will be those that can be used quickly and widely. Materials and templates that have been prepared in advance will help speed up the process of providing information. Templates can also help ensure consistency of messages.

- Vanguard magazine (4-8 week lead time needed)
- Hey VA all-employee daily email/intranet messages
- Earnings and leave statement messages (2 or longer week lead time needed)
- VA Internet — National VA site and MyHealtheVet
- VA Intranet
- VA Knowledge Network satellite TV system programming — VA News, The American Veteran, public service announcements, education programs, including those with audience questions and answers
- VA Content Delivery System (i.e., posted video material on demand)
- Brochures, posters, fact sheets, trifolds (produced centrally and locally and shared via email)

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6

- Organizational channels
- Management communications channels: VA headquarter program offices and administrations down to and up from regional and local levels via conference calls, meetings, newsletters, email
- Management communications channels at mid-level and local facility levels – newsletters, email, web sites
- Cross disciplinary communications channels, e.g., for infection control professionals, occupational health, public affairs, prevention managers via conference calls, meetings, newsletters, email
- Education and training programs - in person, by phone, by teleconference, and Web-based
- Facility level – town hall meetings (hosted by director with involvement of facility and community experts and local veterans, media, and community), health fairs, planning meetings, participation in local meetings of first responder and health organizations communications channels at national, state and local levels
- Veteran services organizations at national state, and local levels – newsletters, Web sites, email, meetings, gatherings, annual and other regular conferences and events
- News media at national and local levels and print, Web-based, TV, and radio via briefings, public service ads and announcements
- VA Canteen Service – posters, tray liners, etc.

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