

SARS

Communicating During a Crisis – The SARS Story at Mount Sinai Hospital

Fran McBride

SARS was a new, unknown disease that was highly contagious within hospitals and was difficult to diagnose. For the first time in more than 60 years, the province declared a “code orange” in an effort to control the spread of the disease. No one could remember dealing with anything like this before.

The disease posed a serious challenge for the healthcare field, not just from the point of view of how we provide care but also how we communicate with hospital staff and the public.

Internationally recognized infection control specialists Drs. Don Low and Allison McGeer put Mount Sinai Hospital at the forefront of this battle. They played a dual role, not only treating patients and helping formulate provincial directives related to infection control measures, but also acting as key media spokespeople. Because of their ability to translate medical information into a context everyone could understand, they were in high demand for media interviews. Mount Sinai Hospital received up to 100 media inquiries on any given day from cities around the world.

As the media hype grew, it created an unexpected backlash against healthcare workers. SARS became a “hospital” disease. For the first time ever, healthcare workers felt vulnerable. Not only were they concerned about catching the disease as they treated patients but they also had to cope with being a target of negative public reaction. They were often asked not to attend

family functions, take their children to daycare, or show up for hair cut or dental appointments for fear they were contagious.

STAFF COMMUNICATION MORE IMPORTANT THAN EVER

This made communications, both to staff and to the general public, more important than ever. Often the media was releasing new information via television, radio or newspapers before hospitals were informed. In addition, healthcare workers often heard from colleagues what was going on at other institutions in recordbreaking time. Stifling the rumour mill was an ongoing necessary challenge.

Knowing that people absorb information in different ways, Mount Sinai Hospital relied on a variety of vehicles to keep its key audiences informed, such as:

- Daily email notices, which became our primary form of communication to staff and our board of directors
- Managers communicating with staff and relaying their concerns to back to senior management
- Senior management visiting units to answer staff questions at critical times
- Posting information on both our Intranet and Internet
- Teleconferencing
- Dear Patient and Visitor letters
- Signage

Our goal with all communication materials was to:

- Provide staff with timely, accurate information
- Make some sense out of the jumble of information in the public domain
- Address staff concerns wherever possible
- Give the public accurate, understandable medical information
- Ensure our patients and visitors knew what to expect when they came to the hospital

To ensure hospitals throughout the Toronto area were kept up to date with the latest Ministry directives and Public Health actions, the Ontario Ministry of Health and Long-Term Care and the Ontario Hospital Association organized a variety of conference calls. There was a conference call for CEOs and SARS team chairs, for physicians, for Public Relations and for Human Resources. These calls provided an environmental check on what was happening across the city, enabled the coordination of healthcare activity, highlighted areas of concern, created action plans and tried to ensure a consistent message was delivered to the public and to healthcare workers across the city.

Mount Sinai Hospital was fortunate in that our staff have a good deal of trust in our Infection Control Team and faith in senior management. Our traditional communications channels, following our organizational structure, worked effectively. Daily email communication made staff feel they were being kept informed and were receiving the leadership they wanted. In keeping with our promise of transparent and open communication, we made a conscientious effort to make sure staff heard bad news from managers or through daily emails before they heard it on the news.

About a month into the first SARS outbreak, we lost one of our most effective means of internal communication. Ministry directives called for a halt to meetings of more than 10 or 15 people in order to prevent the spread of SARS. This meant we could no longer hold open forums or town hall meetings to inform staff.

Conference calls became a popular alternative. However, they were only partially successful. Rather than communicating with all staff, we were limited to making the calls available to managers and our physician chiefs to keep the number of people at a manageable level. Since staff couldn't see the speaker's face, tone and delivery became paramount when parleying new information in order to limit misinterpretation of the situation's severity. Often time restrictions made the question and answer period shorter and less satisfactory than an open forum setting.

CHALLENGES OF QUARANTINE

About this same time, a number of our staff were put on home isolation after having unprotected exposure to a patient in our Intensive Care Unit who developed symptoms of SARS 24

hours after being admitted. Suddenly we were faced with a whole new challenge – how to communicate with large numbers of staff at home. Many of them were frustrated being away from the hospital and unable to help.

As one staff member said, "The description, 'home isolation,' is aptly named. You feel so cut off from everything that is going on in the hospital, even if your manager calls you on a regular basis. You're scared when you return to work things will have changed and you won't know the routine any more."


The hospital's informatics staff quickly established a "lifeline" for staff by providing access to their hospital email from home and created a password-protected SARS Internet site through our website. This enabled staff to stay on top of what was happening at the hospital during their absence and reduced their reliance on the media for information.

LESSONS LEARNED

By early July, SARS was winding down. Precautions were only required when providing care to patients with a fever or respiratory symptoms. Several incubation periods had passed with no new cases reported. There was a general sense that SARS was under control and, while recognizing the need to remain vigilant, staff no longer needed or wanted daily communication. They were "SARS'd out."

With the outbreak over, now is the time to begin the debriefing and address the lessons we learned over the past four months:

- With the immediacy and timeliness of email, it is essential to ensure all staff have email access around the clock both from within the hospital and from home.
- We need to make greater use of the intranet and Internet as information resources and communication tools for staff, our patients and the public.
- We need to find more effective ways to engage our physicians and their secretaries as communicators. They are a key link with our patients and the public, especially when we change our normal practices such as implementing patient screening and placing restrictions on visitors.
- We need to put more emphasis on the effective use of signage at hospital entrances, especially during exceptional situations like SARS. There were times when we had so many signs, they lost their impact.

SARS was a wakeup call. We need to act now to address information and credibility gaps and ensure we are communication-ready for the next outbreak or healthcare emergency. 

Fran McBride is the Associate Vice-President of Public Relations for Mount Sinai Hospital. She is responsible for developing, implementing and coordinating all public relations programs, policies and activities for the Hospital, its Foundation and the Samuel Lunenfeld Research Institute.