The 2014 Ebola Outbreak In The U.S.:

An Analysis of Kaiser Permanente's Crisis Communication Strategy

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Abstract

Issues management in today's quickly changing world can be a very delicate, and in the case of the spread of Ebola, with legal implications. Kaiser Permanente (KP) became deeply involved due to the involvement of its medical staff during the spread of the disease in the United States. All hospitals and medical staff in the U.S. are under the direction of the U.S. Department of Health and Human Services Center for Disease Control (CDC), including KP. In addition, KP needed to ensure the safety of the patients it serves. This case study examines how the corporate communications team at KP in Southern California communicated the necessary messages during this time of crisis in the U.S. in the fall of 2014. Not only was the company reputation at stake, but also were the lives of its staff and members.

Keywords: corporate communication, internal and external communication, crisis communication, Ebola

Overview

In the fall of 2014, the Ebola virus no longer existed only on foreign shores. Instead, it had made its way to Dallas, TX, where it killed one patient and infected two nurses (Botelho, 2014). Because health care staff was now in danger of contracting such a lethal and serious disease, all health care providers in the U.S. were required not only to comply with strict guidelines around hospital procedures, but also to communicate to their staff that safety was the organization's first priority.

Kaiser Permanente operates 38 hospitals, manages 174,415 employees, and services 9.6 million members in the United States (Owens, 2015a). With such a large network, it was vital for KP to communicate clearly with both internal and external stakeholders during this crisis.

Shortly after the Ebola outbreak, the U.S. governing body of health care providers, the U.S. Department of Health and Human Services Center for Disease Control (CDC), realized that the guidelines for working with infected patients were not strong enough. Very quickly, nurses and doctors became fearful for their own safety, and were asking for answers. Fortunately, the crisis communications team at KP was able to create a strategy developed with a triage approach that enabled them to prioritize who needed answers first. As this case illustrates, there were hundreds of documents that were released over a period of a few weeks to educate staff members as well as to communicate with external stakeholders. The following case reviews the history of the Ebola breakout, company background of KP, the organizational response, and the post-mortem review/measurable outcomes of the crisis.

The Ebola Breakout

A history of Ebola in the world. The first outbreak of Ebola occurred in Zaire in 1976 with 280 deaths. The virus had come to U.S. shores prior to 2014 via chimpanzees imported from the Philippines to Reston, VA (Botelho, 2014). Humans never developed the fever associated with the illness, nor were there any deaths. Thus, prior to 2014, the Ebola virus was only a horror story that Americans read or heard about from news coverage of outbreaks in far-away West Africa (Owens, 2015a).

The most-infected countries to date are Guinea, Sierra Leone, and Liberia. At the end of 2013, a 2-year child died of Ebola. The child was later identified as "Patient Zero" in Guinea and who is presumed to have fueled the large global outbreak. Presumably, this child contracted the disease from a fruit bat, but the true source is still not known. Soon after, the World Health Organization (WHO) was notified of the outbreak and the CDC announced the outbreak to the world (Gholipour, 2014).

When visitors to the U.S. come through customs and border control, they are thoroughly reviewed and tested for the virus. As seen in the map below (Fig. 2), there are up to 4000 cases currently found in certain areas within these African countries. In July 2015, the total number of cases globally was 27,000+ and the total number of deaths was over 11,000, (Center for Disease Control, 2015). When this deadly disease arrived on U.S. shores, it created concern, fear, and mistrust about the readiness of the nation's health care system to cope with the disease (Owens, 2015a).

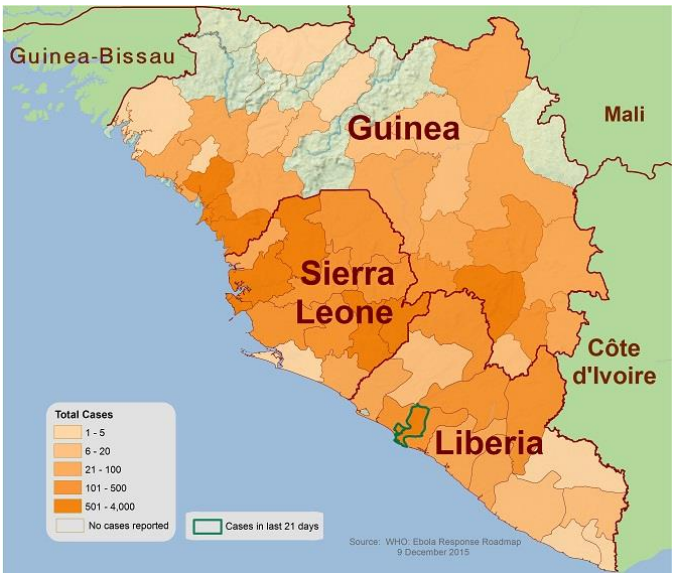
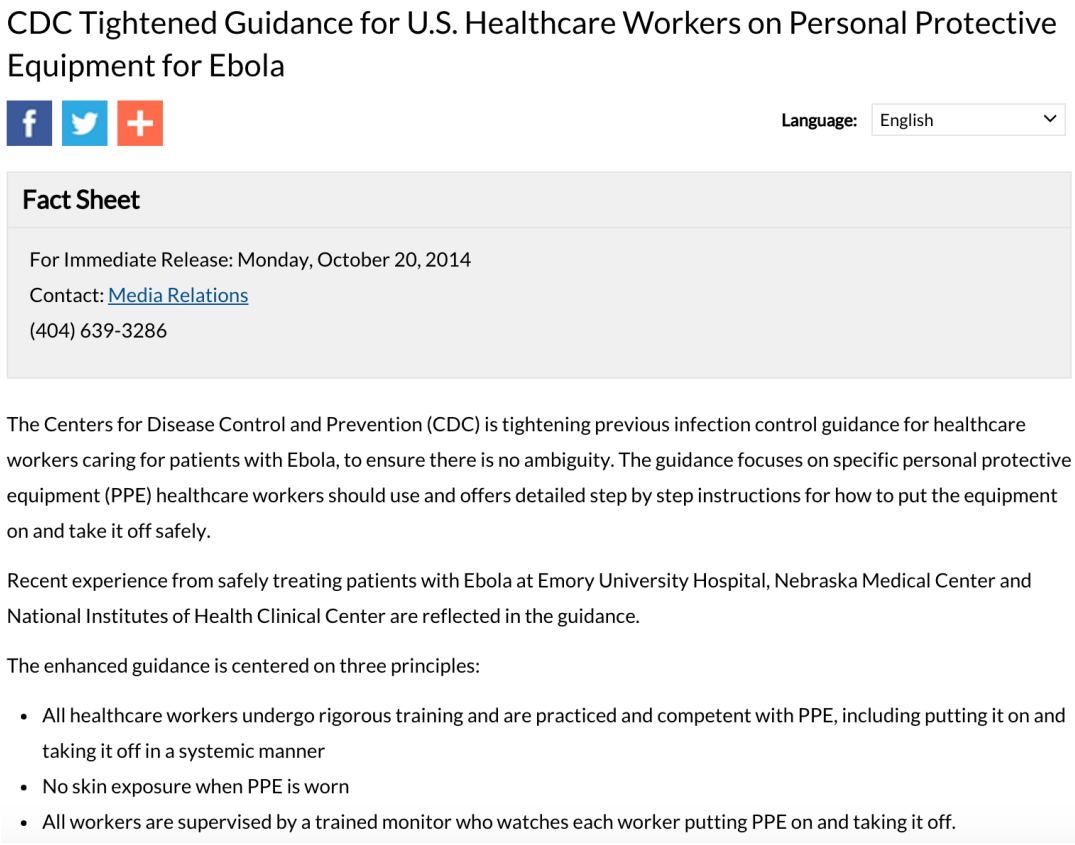


Figure 2 – Map of West Africa from the Ebola Response Roadmap. Center For Disease Control. (2015, December 9) [2014 Ebola outbreak in West Africa - outbreak distribution map]. Retrieved from http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html

2014 breakout.

At the beginning of August 2014, Dr. Kent Brantly and Missionary Nancy Wristbol, who volunteered in Liberia, were flown back to the U.S. after being diagnosed with Ebola. They were treated at Emory University Hospital in Atlanta and received the drug ZMapp. After 21 days in isolation at the hospital, both Brantly and Wristbol were declared healthy and had recovered from the virus (Gordon, 2014). One month later, a Liberian native lied on his immigration form when travelling from Africa to the U.S. about his exposure to the virus. Thomas Eric Duncan was admitted to Texas Presbyterian Health Hospital in Dallas with symptoms of a cold and sent home. Three days later, he was diagnosed with the first case of Ebola in the U.S. and was readmitted. On October 8, 2014, Duncan died (Botelho, 2014). Within a week, two nurses who were working with Duncan were diagnosed with Ebola.

As mentioned above, the CDC very quickly updated the guidelines for treating a victim with Ebola. The following guidelines were distributed to all healthcare workers:



CDC Tightened Guidance for U.S. Healthcare Workers on Personal Protective Equipment for Ebola

Language: English

Fact Sheet

For Immediate Release: Monday, October 20, 2014
Contact: Media Relations
(404) 639-3286

The Centers for Disease Control and Prevention (CDC) is tightening previous infection control guidance for healthcare workers caring for patients with Ebola, to ensure there is no ambiguity. The guidance focuses on specific personal protective equipment (PPE) healthcare workers should use and offers detailed step by step instructions for how to put the equipment on and take it off safely.

Recent experience from safely treating patients with Ebola at Emory University Hospital, Nebraska Medical Center and National Institutes of Health Clinical Center are reflected in the guidance.

The enhanced guidance is centered on three principles:

- All healthcare workers undergo rigorous training and are practiced and competent with PPE, including putting it on and taking it off in a systemic manner
- No skin exposure when PPE is worn
- All workers are supervised by a trained monitor who watches each worker putting PPE on and taking it off.

Figure 3 – Updated Guidelines for U.S. Healthcare Workers. Center For Disease Control. (2014, October 2015). *CDC tightened guidance for U.S. healthcare workers on personal protective equipment for Ebola* [Fact Sheet]. Retrieved from http://www.cdc.gov/media/releases/2014/fs1020-ebola-personal-protective-equipment.html.

Fortunately, neither of the nurses died from the virus, but this did not stop nurses round the nation from protesting against their employers (such as Kaiser Permanente) and questioning healthcare protocol. The unions quickly got into action to protect their members through strikes, protests, and negotiation. Even the updated response from the CDC did little to produce confidence in the ability of the nation's healthcare system to respond appropriately (Owens, 2015a).

Timeline: Outbreak of Ebola

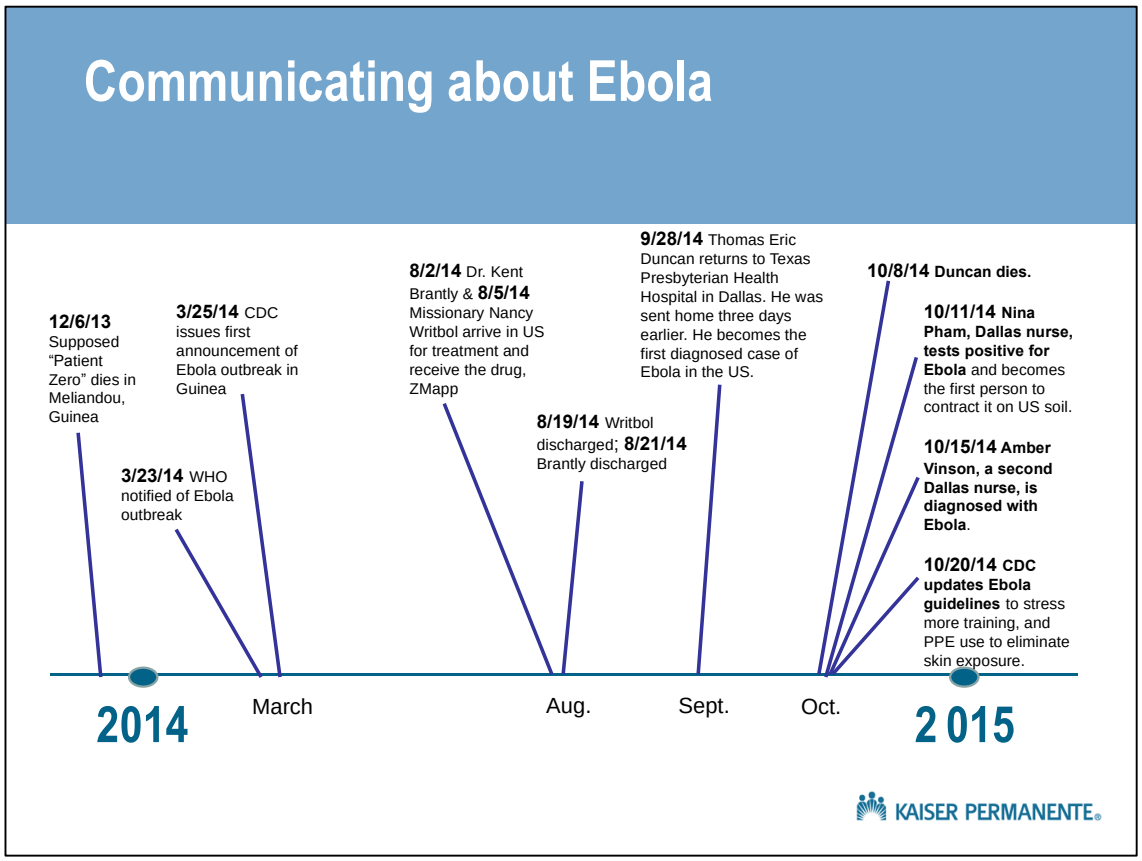


Figure 4 – Owens, R. (2015b). *Communicating about the Ebola virus to strengthen trust and confidence* [PowerPoint slides].

Company Background

At the time of the Ebola outbreak in the U.S., all hospitals were under direction from the CDC. KP considers the following hospitals its major competitors nationally: Cedars-Sinai (LA), UCLA Medical Center, New York-Presbyterian, Johns Hopkins, UCSF Medical Center, Univ. of Washington, Mass. General, Barnes-Jewish, Duke University Hosp., Mayo Clinic (St. Mary's), and Cleveland Clinic (Glass, 2008).

History of Kaiser Permanente. Founded in 1945, the organization's mission is to provide high quality, affordable health care services to improve the health of the

members and the communities it serve. In Southern California, KP serves more than four million health plan members in an area that extends from Bakersfield to San Diego. Nationally, Kaiser Permanente's 175,000 employees and more than 17,000 physicians serve more than 10 million members in 38 hospitals and more than 600 medical offices and other outpatient facilities. These facilities are located in eight states, and in the District of Columbia. Kaiser Permanente is recognized as one of America's leading nonprofit health care providers and not-for-profit health plans (Owens, 2015a).

Corporate character. Corporate character is the company's "unique identity, its differentiating purpose, mission and values" (Arthur W. Page Society, 2012). In an interview with CEO Bernard J. Tyson, "The Stories We Tell Inside Our Organization Reveal Our Corporation Character," Tyson explains that an organization is like "an organism itself […] and has "features, values, behaviors, and stories." From this interview, it is clear from Tyson's message that KP greatly values the role of corporate communications and understands the importance of clearly communicating with all levels of employees. Tyson knows that the organization will have many different inputs that may lead to conflict and a need for clear resolution.

In addition, Tyson says that health care should also be accessible to people of all economic levels (MacDonald, 2012). KP is dedicated to helping all people receive the necessary medical attention that they deserve and will not turn people away due to the level of their income, severity of illness, or other dependent condition (Owens, 2015a). Clear communications, issues resolution, and professional medical attention will be necessary for KP to successfully work through the Ebola crisis.

The CDC. At the time of the Ebola outbreak, all U.S. hospitals were expected to handle potential patients according to the same guidelines from the CDC and corporate values were being tested across the country.

On Oct. 20, 2014, the CDC updated its guidelines after much criticism and after two nurses at Texas Health Presbyterian Hospital in Dallas were infected with Ebola after treating a man who later died of the disease. CDC Executive Director Dr. Thomas Frieden insisted that the two infections showed that the existing protocols were not adequate: "We may never know exactly [how two health workers became infected], but the bottom line is [the guidelines] didn't work for that hospital" (Maurer, 2014). At this stage, the KP staff was starting to doubt the leadership of both their employer and the U.S. governing body due to the lack of credibility (Owens, 2015a).

As has been seen with a study of 4800 news sources, mistakes cause mistrust and unwillingness for cooperation (Maier, 2005). Below is a political cartoon (Fig. 1) from the *Columbia Daily Tribune* that represents the opinion of many people working with the CDC during the time of the crisis. Although the Ebola virus had only been in the U.S. for a short period of time, KP already needed to strengthen its corporate message around the growing issue. In a study by Druckman (2001, p.1053), "people seek guidance from sources they believe to be credible." In this situation, health care workers were starting to mistrust leadership and were hesitant to work with potential Ebola patients.

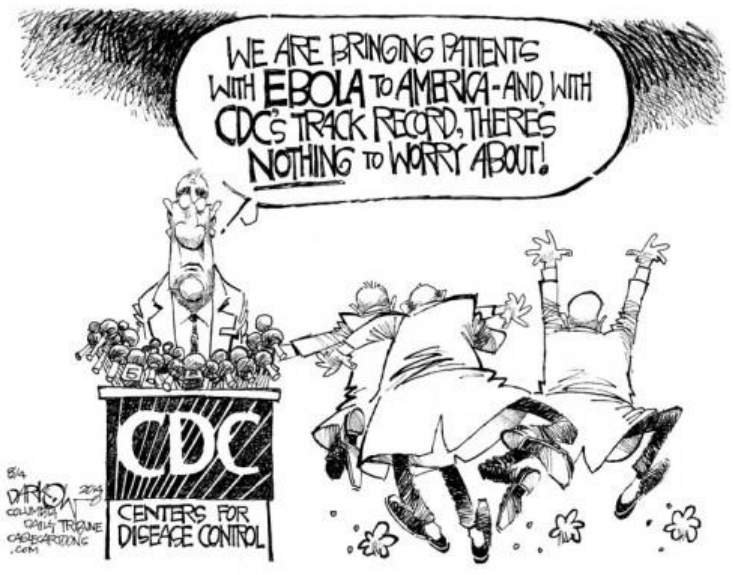


Figure 1 – Political cartoon illustrating the feeling about the CDC during the Ebola outbreak. Darkow, J. (2014, August 8). *Ebola and the CDC* [Political Cartoon]. In *Columbia Daily Tribune*. Missouri. Retrieved from https://www.politicalcartoons.com/cartoon/143a4ba9-5a45-41e2-ac62-2f4b66fd70c1.html

Organizational Response

When KP quickly saw the level of fear rising among its staff, the corporate communications team immediately put together a plan to calm the employees and ensure safety precautions were taken at every level.

Key Stakeholders. KP first identified internal and external stakeholders to ensure all parties were receiving adequate information (Owens, 2015b).

Internal:

- National and local hospitals, health plan physician and nurse leaders
- Physicians
- Laboratory employees
- Nurses (Emergency Department (ED), Intensive Care Units (ICU), Ambulatory)
- General employees
- Labor partners

- Sales and marketing staff
- Member contact employees

External:

- U.S. health departments and the CDC
- All government relations (Local, county, state, and federal legislators)
- Regulators (city, county, state, and federal agencies; licensing and accreditation organizations)
- Commercial customers and brokers
- Community leaders
- Members and patients
- Public
- Media
- Safety net hospitals and community clinic partners

In addition, the communication plan included a list of media partners that would be vital to sharing the KP message. The combination of partners included earned, paid, owned, and shared media sources:

- Internal to KP: media relations and digital channels, internal communications, multimedia services
- Physician communications
- Government relations (Local, county, state, and federal legislators)
- Community relations (Community leaders and organizations)
- Marketing & sales communications (Individuals, Member Services Contact Centers, Advice & Appointments, kp.org)
- Business marketing communications (Employers/brokers)

- Health plan regulatory services (Regulators – city, county, state, and federal health agencies; licensing and accreditation organizations)
- Community clinic partners
- Labor union leaders

Communication Strategy. KP used the triage approach to crisis communication (Owens, 2015a). This prioritizes issues that need to be addressed immediately, issues that need to be addressed later, and issues that can wait for a longer period of time (Oliver, 2005). The chart in Appendix A outlines all the key communication processes, documents, and tactics, and identifies the person on the communications team responsible for each type of communication.

External. The CDC issued written guidelines to be used to identify each communication that needs to go out to the media. Details for the communication included a deadline for communication, media outlet, the caller's name, and the request.

As soon as the Ebola outbreak issue started to escalate in late October 2014, KP created a feature story on its website to assure all stakeholders that KP was working with

the CDC to implement safety precautions.

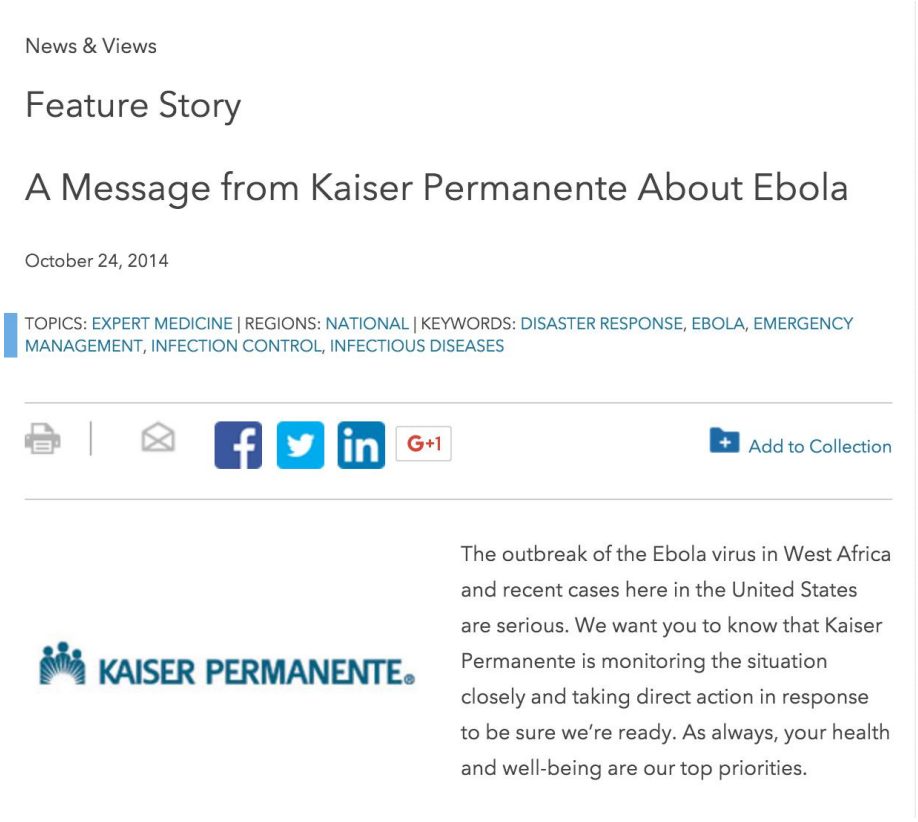


Figure 5 – Feature Story from Kaiser Permanent on Ebola outbreak in the U.S. (partial). (2014, October 24). [Feature Story]. Retrieved from http://share.kaiserpermanente.org/article/a-message-from-kaiser-permanente-about-ebola/

Internal. The communications teams at KP knew that the internal strategy needed to be strong, highly dynamic, and immediate. The safety of the employees was at stake, as well as the safety of the patients. The strategy for the internal stakeholders included communicating the facts; creating separate communications to key frontline groups providing direct patient care; providing training and education; and coordinating training, messages across the system. The key messages to the staff and physicians communicated that the two most important objectives were to "ensure the safety of the employees and physicians" and to "deliver high-quality care to patients suspected or confirmed to have the Ebola virus." Furthermore, the KP physicians, infectious disease control staff,

laboratories, and other care staff needed to feel prepared to respond to suspected and confirmed cases of the Ebola virus. Finally, KP needed to work directly and actively with the labor partner unions to address patient care and staff safety and training issues (Owens, 2015a).

As seen in the SARS epidemic in Singapore in 2003, "issues of social trust are important components of the social amplification of risk" (Chong, 2006). Tan Tock Seng Hospital (TTSH) and the Ministry of Health of Singapore won the International Public Relations Society's Gold Award in 2004 for its SAR communication efforts. From the TTSH perspective, the corporate communications focus relied heavily on physicians as health spokespersons. TTSH found this was appropriate because physicians often take on the role as the highest level of social trust with patients (Chong, 2006). This idea of patient and doctor relationship is further emphasized in the study from Korsch and colleagues (1968) that sees the positive effect on doctor-patient relationships on increased respect, friendliness, and empathy. This study was the result of earlier findings (Neal, 1962) that acknowledged the important role of interpersonal communication between practioners and patients. By communicating clearly to the physicians and employees, KP believed that both staff members and patients would remain calm throughout the crisis.

Key Tactics. After the strategies were set, the corporate communications team put together tactics for rollout. These are some of the tactics Kaiser Permanente concluded to be successful (Owens, 2015a):

- Established the Ebola Work Group (EWG), which produced daily updates and recorded daily meetings
- Minimized duplicate mailing of information and quickly responded to key issues
- Created an easy, one-stop access to information on company website

- Ensured all physicians, laboratory scientists, and technicians understood the need to read Infection Connection and/or go to the Infectious Disease website for the latest clinical updates
- Used physician chiefs to cascade information to physicians
- Implemented a weekly update by the Area Medical Director based on news from the Ebola Oversight Group
- Created an e-newsletter, entitled, *"Care & Safety: Ebola Update"* to focus on education and awareness building among medical center-based employees (nurses, EVS and Waste Management, Procurement, Laboratories, KP On Call, Corona Call Center, medical center Advice and Appointments and Member Services, KFH/HP and SCPMG Communications, KP HealthConnect, and Labor)
- Used internal news channels: IKP@SCAL, KP Matters, Medical Center Intranet Sites, Medical Center newsletters

Medical protocol. In early October 2014, the protocol was clear that there were three main points for handling a case with Ebola: (1) identify if the patient has been recently in west Africa; (2) isolate the patient and their immediate family; and (3) put on the right gear (Yan, 2014). As indicated in Figure 3, the CDC tightened these guidelines and made them more specific in order to better ensure the safety of the health care workers. KP worked with the CDC and staff to ensure these guidelines were followed and implemented correctly. Protocols included confirming that there were enough supplies such as full-body coverings, masks, and gloves. For some hospitals in the U.S., there was criticism that the providers were not spending the money on these necessary items (Tortura, 2014).

Training. KP followed up with multiple trainings, literature, and information for its staff to ensure everyone was well informed. From admittance staff, to nurses, to doctors, all levels of guidelines and instructions were supplied to staff.

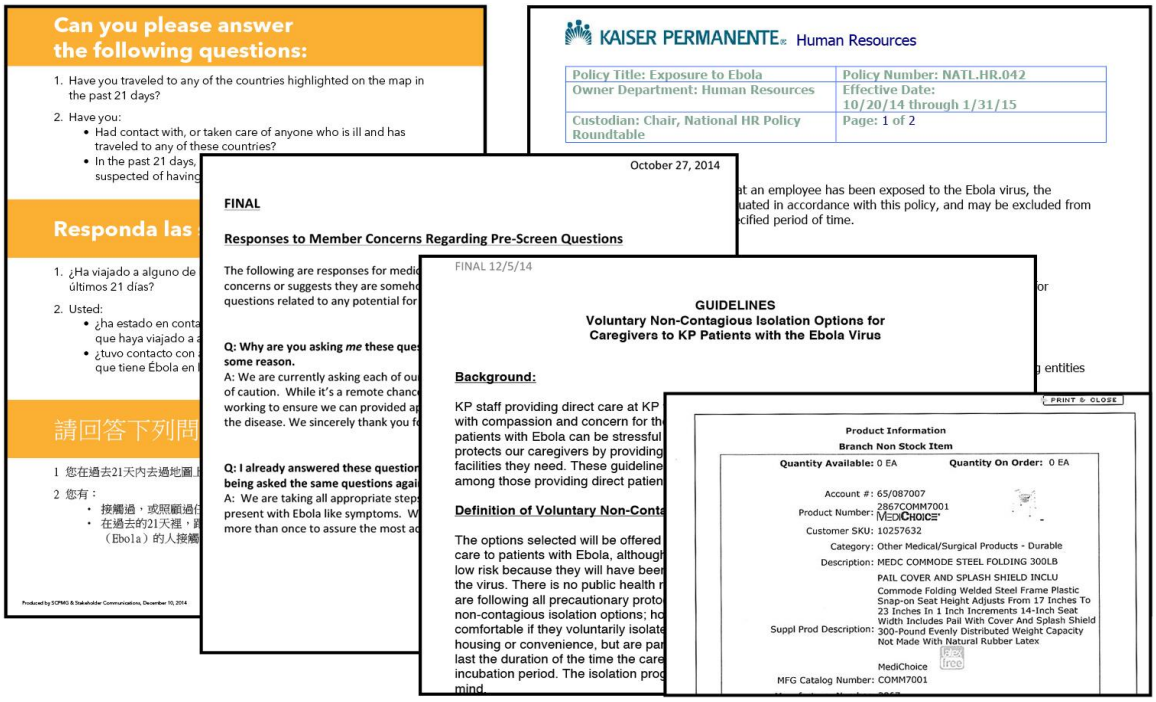


Figure 6 – KP examples of training materials for staff members. Owens, R. (2015b). *Communicating about the Ebola virus to strengthen trust and confidence* [PowerPoint slides].

Nursing union responses. Not all of the nursing staff was initially pleased with the communication concerning the Ebola crisis, and many felt that their safety wasn't being prioritized. On November 11, 2014, the National Nurses United/California Nurses Association (NNU/CNA) called a strike and asked all nurses to stop working on all KP patients. The union blamed the strike on the lack of guidelines to ensure safety for nurses. Strangely, shortly after the strike started, the nurses changed their complaints to general staffing issues. Fortunately, KP was able to resolve the disagreements and the nurses quickly returned to work.

This was not the first time that nurses in the U.S. were protesting against Ebola guidelines. At the end of September 2014, more than 1000 nurses staged a "die-in" by laying on the ground on the strip in Las Vegas to bring awareness to the issue. National Nurses United (NNU) was solely responsible this time for the protest. NNU Executive Director RoseAnn DeMoro said, "We are going to stage protests wherever we can throughout the world. It's not acceptable that these people are dying, and that nurses who are the first line of defense for the patients in West Africa are dying," (Tortora, 2014).

As seen with the rhetorical underpinnings of issues management, often ideas can become better under scrutiny (Boton & Hazelton, 2006). Activists are often seen as an opportunity for issues to be brought to light. In this situation, the nursing staff helped to improve the medical protocol for an Ebola patient. KP quickly ensured that all items were covered and the staff felt confident to guarantee the safety of the employees (Owens, 2015a).

Selected Ebola hospitals. In the chance that a potential Ebola patient called or walked into a KP hospital, the CDC advised healthcare facilities to allocate one location in its network to treat Ebola patients so that the preparations could be specialized and the staff was trained well (Owens, 2015b). At the end of October 2014, the Los Angeles Medical Center (LAMC) was designated as the hospital for the Southern California region, and a clear memo was sent to all the nursing staff. The memo in Appendix B outlines training schedules and guidelines for working with Ebola patients. Appendix C illustrates the necessary equipment and training required to work with Ebola patients.

In December 2014, Kaiser Permanente created a press release on its website that announced the two hospitals in Northern California that would be recognized. Press releases allowed the organization to directly communicate with key stakeholders, and the

example below highlights the cooperation between KP and the CDC. Through messages like these, KP was able to demonstrate it's understanding of it's social responsibility, which is a key component of an organization in today's society. The symmetrical approach to corporate social responsibility emphasizes listening to one's constituents, communicating, and looking at long-term views (Smith and Ferguson, 2001).

Figure 7 – Press release from KP website that articulates cooperation with CDC and clarifies processes with working with potential Ebola patients (2014, December 2). [Press Release]. Retrieved from http://share.kaiserpermanente.org/article/cdc-cdph-recognize-kaiser-permanentes-northern-california-ebola-preparedness/

Direction from senior management and maintaining credibility. KP continuously communicated updated information on the company intranet. Senior management consistently stressed that the value and safety of the employees were of utmost importance. Questions and information were available to all staff. The screenshot below provides an example of the detailed messages sent by the president, the chairman of the board, and other key leaders from KP Southern California. As seen in many successful health communications implementations, it is vital to demonstrate the support of strong

leadership (Atkin & Silk, 2009). During the successful STOP AIDS Program in San Francisco, strong leadership was seen as a major component that contributed to the campaign's success. Well-respected individuals were chosen to lead the initiative (Rogers, Singhal, & Quinlan, 2009). As in the San Francisco case, KP leaders were selected who were part of the community rather than "outside" professional organizers or educators.

Figure 8 – Screenshot of KP intranet. (Owens, R. (2015b). *Communicating about the Ebola virus to strengthen trust and confidence* [PowerPoint slides].

In addition, this communication used components of the elaboration likelihood theory (ELM) where "credibility perceptions are sensitive to topic and context" (Walther, Wang, & Loh, 2004, p. 2). In other words, staffers were looking for three levels to judge credibility of the messages: professionalism; source expertise, competence and credentials; and urgency of information (Wathen & Burkell, 2001). By creating communications that illustrated these characteristics, KP was able to more easily convince the health care staff and members of the importance and usefulness of their message.

Ebola Preparedness Team. In addition, a chart of the communications team, including a photo of each member, allowed all employees to identify who was directing the triage. This creates one of the necessary steps of a successful communication implementation where interpersonal communication creates trust among the recipients of the message (Atkins & Silk, 2009). With this increase of credibility for the leaders of the initiative, KP had a greater chance of succeeding in its key strategy, which was to keep the staff calm.

Figure 9 – KP Ebola Preparedness Team. Kaiser Permanent. (2015). *Ebola preparedness team.* Pasadena, CA: Catherine Farrell.

Post-Mortem and Measurable Outcomes

The Ebola outbreak created a large amount of fear with both healthcare providers as well as the general public. Kaiser Permanente quickly made it a top priority to ensure

that staff members were kept up-to-date and informed during the Ebola crisis. Initially, the triage strategy allowed the corporate communications team members to prioritize which internal and external constituents needed answers first. Next, KP outlined the tactics for the organization's communication strategy and assigned key responsible parties for each step in the process. Not only did this ensure that messages were communicated, but it also aligned an appropriate staff member to distribute the appropriate message.

Over the next few weeks of implementation, the KP communications team involved many senior managers in the delivery of key trainings, guidelines, and general messages. This was important in ensuring that the recipients of the messages felt they could trust and rely on the instructions. In addition, the communications team and key directors of the Ebola program made themselves available for questions personally.

Useful communication tools such as press releases and featured stories were used on the corporate website to communicate with the media, members, and general public about the status of the issue. KP prioritized transparency throughout the process whose goal it was to create trust and credibility internally and externally.

One of the best ways to evaluate success after a crisis from a communication perspective is to get the reaction from the audience that was affected. Tim Coombs (2015) also recommends collecting reactions from stakeholders affected by the crisis that indicate their assessment of the crisis management performance. Since the nursing staff made up a majority of the key stakeholders, their evaluation of the crisis management was most valuable for the KP communications team. In January 2015, the nurses published a message that the KP communications team believes expresses the success of the Ebola crisis management. On the front cover of an internal KP newspaper (Figure

10), there is a picture of a group of smiling nurses with the headline "We're Ready" (Owens, 2015b).

Figure 10 – KP internal newspaper. (Owens, R. (2015b). *Communicating about the Ebola virus to strengthen trust and confidence* [PowerPoint slides].

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References

A message from Kaiser Permanente about Ebola. (2014, October 24). [Feature Story]. Retrieved from http://share.kaiserpermanente.org/article/a-message-from-kaiser-permanente-about-ebola/

Arthur W. Page Society. (2012). *Building belief: A new model for activating corporate culture & authentic advocacy.* Arthur W. Page Society. Retrieved from http://www.awpagesociety.com/wp-content/uploads/2012/11/Building-Belief-New-Model-for-Corp-Comms.pdf

Atkin, C. and Silk, K. (2009). Health communication. In Don Stacks and Michael Salwen (Ed.), *An integrated approach to communication research and theory (pp. 489-501).* New York and London: Routledge.

Botelho, G. (2014, October 14). U.S. Ebola patient: The travels and health travails of Thomas Eric Duncan. Retrieved from http://www.cnn.com/2014/10/01/health/us-ebola-patient/

Boton, C. and Hazelton, V. (2006). Rhetoric of Issue Management. *Public Relations Theory II (p. 80).* Mahwah: Lawrence Erlbaum Associates.

Caldwell, A. (2015, November 12). *Crisis Communication*. Lecture presented at Pepperdine University, Malibu.

Center For Disease Control. (2014, October 2015). CDC tightened guidance for U.S. healthcare workers on personal protective equipment for Ebola [Fact Sheet]. Retrieved from http://www.cdc.gov/media/releases/2014/fs1020-ebola-personal-protective-equipment.html

Center For Disease Control. (2015, December 9) [2014 Ebola outbreak in West Africa - outbreak distribution map]. Retrieved from http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html

Center For Disease Control. (2015, July 18). Outbreaks Chronology: Ebola Virus Disease. Retrieved from http://www.cdc.gov/vhf/ebola/outbreaks/history/chronology.html

Center For Disease Control. (2012). Crisis Emergency Risk Communication. Retrieved from http://emergency.cdc.gov/cerc/resources/pdf/cerc_2012edition.pdf

Centers for Disease Control and State Agency recognize Kaiser Permanente's Northern California Ebola preparedness. (2014, December 2). [Press Release]. Retrieved from http://share.kaiserpermanente.org/article/cdc-cdph-recognize-kaiser-permanentes-northern-california-ebola-preparedness/

Chong, M. (2006). A crisis of epidemic proportions: What communication lessons can practitioners learn from the Singapore SARS crisis?. *Public Relations Quarterly*, *51*(1), 6-11.

Coombs, T. W. (2015). *Ongoing Crisis Communication: Planning, Managing, and Responding.* (p. 165). Thousand Oaks: Sage.

Darkow, J. (2014, August 8). *Ebola and the CDC* [Political Cartoon]. In *Columbia Daily Tribune*. Missouri. Retrieved from https://www.politicalcartoons.com/cartoon/143a4ba9-5a45-41e2-ac62-2f4b66fd70c1.html

Druckman, J. N. (2001). On the limits of framing effects: Who can frame? *Journal of Politics*, 63(4), 1041-1067.

Ghoulipour, B. (2014, October 30). Ebola 'Patient Zero': How outbreak started from a single child. Retrieved from http://www.livescience.com/48527-ebola-toddler-patient-zero.html

Glass, D. (2008). *Kaiser Permanente and its Competitive Position in the U.S. Marketplace* [PowerPoint slides]. Retrieved from http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=12004.

Gordon, S. (2014, August 21). Ebola Patient Dr. Kent Brantly Discharged, Cured of Deadly Disease. Retrieved from http://www.nbcdfw.com/news/health/Ebola-Patient-Dr-Kent-Brantly-to-Leave-Hospital-Thursday-272102161.html

Kaiser Permanent. (2015). *Ebola preparedness team.* Pasadena, CA: Catherine Farrell. Retrieved by author by email.

Korsch, B., Gozzi, E., & Francis, V. (1968). Gaps in doctor-patient communication: Doctor-patient interaction and patient satisfaction. *Pediatrics, 42, 855-871.*

Lupkin, S. (2014, November 17). Ebola in America: Timeline of the Deadly Virus. Retrieved from http://abcnews.go.com/Health/ebola-america-timeline/story?id=26159719

Maier, S. R. (2005). Accuracy matters: A cross-market assessment of newspaper error and credibility," *Journalism and Mass Communication Quarterly*, 82(3), 533-551.

MacDonald, M. [Gagan MacDonald]. 2012, Oct 10. *Let go & lead: Bernard J. Tyson - on corporate character and storytelling* [Video file]. Retrieved from https://youtu.be/25gtuwHgyPQ.

Maurer, R. (2014, October 23). CDC updates ebola guidelines after criticism. *Society for Human Resource Management.* Retrieved from

http://www.shrm.org/hrdisciplines/safetysecurity/articles/pages/cdc-updates-ebola-protection-protocol.aspx

Neal, H. (1962). *Better communication for better health.* New York: Columbia University Press.

Oliver, S. (Ed). (2005) *Handboook of corporate communication and public relation: pure and applied.* London and New York: Routledge.

Owens, R. (2015a). *Communicating about the Ebola virus to strengthen trust and confidence.* Pasadena: Kaiser Permanente. Retrieved by author by email.

Owens, R. (2015b). *Communicating about the Ebola virus to strengthen trust and confidence* [PowerPoint slides]. Retrieved by author by email.

Past Statements on Strike by Nurses Union. (2014, November 11). [Feature Story]. Retrieved from http://share.kaiserpermanente.org/article/past-statements-on-strike-by-nurses-union/

Rogers, E. M., Singhal, A., and Quinlan, M. M. (2009). Diffusion of innovations. In Don Stacks and Michael Salwen (Ed.), *An integrated approach to communication research and theory (pp. 418-434).* New York and London: Routledge.

Smith, M., & Ferguson, D. (2001). Activism. In R. Heath, & G. Vasquez (Eds.), *Handbook of public relations.* (pp. 291-301). Thousand Oaks, CA: SAGE Publications, Inc. doi: http://dx.doi.org/10.4135/9781452220727.n22

Tortora, J. (2014, September 25). *Nurses stage massive protest on Las Vegas strip, highlighting need for Ebola readiness.* Retrieved from http://www.aflcio.org/Blog/Political-Action-Legislation/Nurses-Stage-Massive-Protest-on-Las-Vegas-Strip-Highlighting-Need-for-Ebola-Readiness

Walther, J. B., Wang, S., & Loh, T. (2004). The effect of top-level domains and advertisements on health web-site credibility. *Journal of Medical Internet Research* 6(3), e24. Retrieved June 18, 2008, from http://www.jmir.org/2004/3/e24

Wathen, C. N., & and Burkell, J. (2001). Believe it or not: Factors influencing credibility on the Web. *Journal of the American Society for Information Science and Technology*, 53(2), 134-144.

Yan, H. (2014, October 13). *What's a hospital supposed to do if an Ebola patient shows up?* Retrieved from http://www.cnn.com/2014/10/13/health/ebola-hospital-protocols/

Appendix A
LAMC Ebola Preparedness Communications

Strategy	Audience/Stakeholders	Tactic	Communications Team Leaders
1.4 Regional Leadership Notification	Regional Public Affairs Leaders Regional Leadership Team NCAL Leadership Team Program Office Leadership	The LAMC Public Affairs Director will contact the Regional Public Affairs leads Regional Public Affairs will then cascade the message to the designated regional leadership LAMC MCAT will also contact each of their respective leadership at Region.	Public Affairs Director Catherine Farrell Vice President, Integrated Brand Communications Diana Halper Director, Issues & Brand Management Peggy Hinz MCAT: Mark Costa, Dr. Michael Tome, Will Grice
1.5 CDPH Public Affairs Notification	CDPH Public Affairs Director Regional Public Affairs Leaders LAMC Public Affairs Director	Regional Public Affairs leads will contact CDPH Public Affairs to coordinate messaging and communication plans.	Vice President, Integrated Brand Communications Diana Halper Director, Issues & Brand Management Peggy Hinz Public Affairs Director Catherine Farrell
2.0 Internal Communications			
2.1 Leadership Team Updates	LAMC Leadership Team MCAT MCLT Regional Leadership Team Program Office Leadership	Consistent email updates will be sent to the designated LAMC MCLT team and regional leaders If an infected patient presents, a minimum of daily alerts with increased frequency as the situation warrants. Updated information will be supplied by the LAMC Ebola Manager and sent to the Public Affairs Director who will distribute via email to the LAMC MCLT leaders. Messages will be cascaded by the Public Affairs Director to Public Affairs Regional leads for approval and distribution to regional leaders. Conference calls will also be utilized to communicate updates and issues to the appropriate regional and local leadership teams. These can be scheduled daily or as needed, depending on the situation.	Public Affairs Director Catherine Farrell Vice President, Integrated Brand Communications Diana Halper Director, Issues & Brand Management Peggy Hinz LAMC Ebola Manager Janna Muscare

LAMC Ebola Preparedness Communications Plan

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LAMC Ebola Preparedness Communications

Internal Strategic Plan

Co-Leads: Catherine Farrell, LAMC Director of Public Affairs
Peggy Hinz, Director, Issues & Brand Management

Strategy	Audience/Stakeholders	Tactic	Communications Team Leaders
1.0 Notification Workflow			
1.1 CDPH Notification	CDPH, Government Regulatory Agencies	LAMC's Infection Control Department and/or the ID physician will contact the Infectious Disease Department of CDPH . LAMC Director of AR&L will contact any additional government regulatory agencies.	LAMC Infection Control Department ID physician Director of AR&L Imelda Manas
1.2 LAMC Local Leadership Notification	LAMC Local Leadership Administer on Call LAMC Ebola Manager MCAT Public Affairs Director MCLT	The LAMC Administer on Call will be the first person contacted by the team receiving the infected patient. She/he will then contact the LAMC Ebola Manager and at least one member of MCAT That MCAT leader will contact the other 2 MCAT members. The LAMC Ebola Manager will contact the LAMC Public Affairs Director who will send an urgent communication to the designated MCLT leaders (via email and text) alerting them of the situation.	LAMC Administer on Call LAMC Ebola Manager Janna Muscare MCAT: Mark Costa, Dr. Michael Tome, Will Grice Public Affairs Director Catherine Farrell
1.3 Compliance Notification	Compliance Officer	The Public Affairs Director will contact the LAMC Compliance Officer to implement 'Break the Glass' on the infected patient as well as on any family members of that patient.	Public Affairs Director Catherine Farrell Compliance Officer Sima Hartounian

LAMC Ebola Preparedness Communications Plan

Strategy	Audience/Stakeholders	Tactic	Communications Team Leaders
2.2 Impacted LAMC Health Care Team Updates	LAMC Health Care Teams treating or supporting the care of an infected patient	Onsite team meetings will be scheduled with appropriate impacted staff on a daily basis (or more frequently if needed) to ensure updates and information is shared and questions are answered.	LAMC Ebola Manager Janna Muscare
2.3 Updates to LAMC Frontline Staff	LAMC Frontline Staff	An email update will be sent to the frontline staff as needed (and determined by LAMC leaders). The LAMC Ebola Manager will draft the updates and work with the Public Affairs Director who will format and distribute the email alerts to the above defined teams. All messages will be approved by MCAT and the Regional Public Affairs leads. These messages will also be posted at the employee entrance to the hospital as well as in department communication boards to ensure that all employees receive the updates.	Public Affairs Director Catherine Farrell Vice President, Integrated Brand Communications Diana Halper Director, Issues & Brand Management Peggy Hinz MCAT: Mark Costa, Dr. Michael Tome, Will Grice
3.0 Media and External Relations			
3.1 Reactive Media Relations	External Media Outlets	The LAMC Public Affairs team will be onsite at the hospital to manage all media. Regional Public Affairs will be contacted and then engaged for onsite support, if necessary. A reactive media statement will be drafted by Regional Public Affairs and available for distribution, if appropriate. LAMC Security will be engaged to ensure entry points into the hospital are secure and that cameras and reporters do not enter the hospital.	Public Affairs Director Catherine Farrell Vice President, Integrated Brand Communications Diana Halper Director, Issues & Brand Management Peggy Hinz Assistant Administrator, Operations Support Murtaza Sanwari

LAMC Ebola Preparedness Communications Plan

Strategy	Audience/Stakeholders	Tactic	Communications Team Leaders
3.2 Proactive Media Relations – KP Spokesperson	External Media Outlets	Daily press conferences will be scheduled to provide updates (daily or as needed). Dr. Ben Chu and Dr. Nirav Shah have been identified as KP's primary spokespeople. LAMC Executive Director Mark Costa has been identified as LAMC's media spokesperson, as back-up to the regional leaders. All spokespersons will be media prepped by Public Affairs Pre-approved talking points will be drafted by Regional Public Affairs leads.	Vice President, Integrated Brand Communications Diana Halper Director, Media Relations and Digital Programs Socorro Serrano Director, Issues & Brand Management Peggy Hinz Public Affairs Director Catherine Farrell
3.3 Government Affairs	External – Federal, State and Local Elected Officials	Regional Public Affairs will draft a statement and talking points to be shared with local LA City and County, state, and federal elected officials. Regional Director of Government and Community Relations will lead the coordination of notifications and work with Regional Public Affairs leads and LAMC Public Affairs Director in contacting local, state, and federal elected officials.	Director, Government and Community Relations Rita Speck Vice President, Integrated Brand Communications Diana Halper Public Affairs Director Catherine Farrell
4.0 Member /Customer Relations			
4.1 Retroactive Member Communications	External – KP Members LAMC Member Services LAMC Call Center	Regional Public Affairs will draft a statement and talking points for local Member Services and Call Center operators to use retroactively to answer member questions and concerns	Vice President, Integrated Brand Communications Diana Halper Director, Issues & Brand Management Peggy Hinz Public Affairs Director Catherine Farrell
4.2 Proactive Member Communications	External – KP Members KP.org Local Microsites Member Email	Regional Public Affairs will work with Member/Business Marketing to draft an email communication to be sent to KP members to manage concerns and fears.	Vice President, Integrated Brand Communications Diana Halper Director, Issues & Brand Management Peggy Hinz

LAMC Ebola Preparedness Communications Plan

Appendix B
Internal Memo To RNs with Ebola Update

To: ICU RNs
Date: 10/30/14
From: Debra Grant, RN, BSN, MBA, CNAA, BC
Regarding: Ebola Informational Update

I want to continue to update you with information as quickly as possible in the form of a memorandum. The intent is to provide you with the latest factual information and dispel any rumors and speculation. I will continue to update you as soon as I have confirmed information.

Current Status:
LAMC continues working daily with Kaiser Permanente Regional Offices, the Centers for Disease Control (CDC), and the California Department of Public Health (CDPH) to ensure that our Ebola Response Plan preparations meet the CDC guidelines. As we have already reported, LAMC has been designated by Kaiser Permanente as a SCAL hospital to receive confirmed infected patients. 2 North (2N) has been identified as the new critical care isolation unit to care for Ebola patients.

Training:
Class 1 begins today (10-30-14), will be offered in multiple sessions, and will continue through Saturday, November 1, 2014. Class 1 provides an overview of Ebola care, where we are to date with this work, and Point of Care Testing (POCT).
Class 2 begins next Tuesday, November 4, 2014 through November 7, 2014 offered in multiple sessions per day. Class 2 curriculum includes: 1) introduction to PPE 2) procedure for donning and doffing 3) the role of "spotter" in donning and doffing procedure 4) review of workflow process from ED to ICU admission 5) visit the designated ED room where the process starts 6) walk the path of travel of the patient from ED to 2N 7) orientation to 2N new critical care isolation unit 8) practice donning and doffing in 2N.

Key Points:

- No physician, nurse, or employee will care for an Ebola patient until they have been deemed competent, capable, and properly trained based on the CDC guidelines. This curriculum is not yet completed.
- LAMC standard of care, PPE suits and equipment continues to exceed the CDC and CDPH guidelines.
- The CDC toured the LAMC campus yesterday, reviewed our Ebola Response Plan, and were very pleased with the level of detail of our plan.
- The isolation unit will not be in ICU on the 6th floor. The critical care isolation unit will be on 2N and the rationale for selection will be discussed in Class 2.
- The 2N RNs will not care for Ebola patients as they are not ICU RNs.
- The start date for Class 3 has not been determined.
- I will continue to update you as I learn more detail of the Ebola Response Plan from the multiple daily calls with Region.

Appendix C
Ebola Training Document from Kaiser Permanente

Ebola Training Continues at LAMC

LAMC continues to actively execute our Ebola Preparation Plan in concert with Kaiser Permanente Regional Offices, the California Department of Public Health (CDPH), and the Centers for Disease Control (CDC).

We have a comprehensive plan that has been developed with our physicians and other experts, both within KP and externally. Training with the workflows, personal protective equipment, clinical care guidelines, and testing protocols are ongoing.

Our teams are also engaging in practice drills, in addition to continual education regarding updates to the national guidelines.

There are two types of trainings: general and more comprehensive. The more comprehensive activities are focused on areas identified for first responders (Emergency Department), caregivers who will provide direct care for an infected patient (ICU), and clinical and other support areas (for example: Respiratory, Imaging, EVS, etc.). This approach follows infection control principles so that patients have the care appropriate to their clinical condition while limiting exposure to only those caregivers necessary to provide that care..

Please ask your manager if your unit has a role in the Ebola Response Plan, and, if so, what your specific workflow is for your area.

There are two very important principles to remember:

1) We believe in our Kaiser Permanente Mission and will provide compassionate care to all of our patients, as we always have, regardless of their illness.
2) Safety First -- patient and staff.

Protection of our staff requires everyone to be consistent and meticulous in putting on and removing protective gear, and to adhere to infection control protocols. We will continue to train, educate, practice, and drill for this type of infectious patient, should any cases arise.

As a caregiver, you are expected to perform your regularly assigned duties, regardless of a patient's suspected or confirmed infection status. However, no physician, nurse, or employee will receive any patients until they are trained and able at the time of need to care for the patient.

Thank you for your continued focus and commitment to providing the best medical care and service for our members and patients.

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