AT A GLANCE

Crisis Communications

Follow this guidance for consistent, swift and effective crisis communications through:

- Thoughtful crisis preparation
- Uniform crisis classification system
- Identification and activation of key crisis response team members
- Role-specific framework to guide activity

Crisis Response Goals



Protect our brand at the facility-level and beyond

Our response should enhance our reputation – nationally, regionally and locally – and trust with key stakeholders



Minimize risk

Do no harm. Our response should never damage our reputation or infuse doubt among our key stakeholders. At worst, impact should be neutral.

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Guiding Principles

Proactive Positioning as Trusted Source

Before, during and after a crisis strikes, we must be known as a credible source of information and a proponent of excellent post-acute care.

Patient-First & Team-First Approach

Any crisis response must clarify that everything we do is to serve our patients and team members, and that we operate in accordance with relevant regulations and guidelines.

Manage the Narrative

- · Look for a crisis.
- Use the classification system to guide your response.
- Understand who is approved to speak publicly.
- Collect the facts and share them with the response team.

Responsible Transparency Builds Trust

Proactively share the appropriate information with the appropriate audiences without speculating or violating industry regulations.

Preserve Patient & Team Member Privacy

Proactively share the appropriate information with the appropriate audiences without speculating or violating industry regulations.



Reflect Our Values

Love

Excellence

Trust

Accountability

Mutual respect

Fun



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PACS Services Crisis Communications

To help the organization effectively manage issues and crises, we have a comprehensive crisis communications plan that is continually updated.



An incident that occurs outside of operational norms that poses a risk or threat to the facility or organization.

Who needs to know?

John Mitchell | Chief Legal Counsel, PACS Services

John.Mitchell@pacs.com (385) 988-3319

Brooks Stevenson | VP Corporate Communication, PACS Services

Brooks.Stevenson@pacs.com (801) 597-9538

John and Brooks will begin the fact finding and response process and will engage the full Crisis Communications Response Team to direct and execute communications.

3 What happens next?

The table on the right summarizes Crisis Response Team members and roles in any crisis scenario:



National Team Members

John Mitchell Brooks Stevenson

1st Actions:

Classifies the crisis at the appropriate level

- Engages legal team/full Crisis Response Team
- Coordinates efforts with regional and local team members
- Serves as the main points of contact with executive team and other leaders
- Manages the development and execution of response strategy, messages and materials
- Routes resources to the appropriate national and local leaders for review
- Ongoing monitoring and adjustment of the communications plan and needs
- Coordinates any internal or external statements, including media



Regional Team Members

Appropriate SVP(s)
Appropriate RVP(s)



Local Team Members

Facility Administrator(s)

1st Actions:

Shares information about crisis event with national team members

- · Confirms crisis level from national team
- Coordinates with national team through one liaison
- · Deploys regional response
- · Coordinates with regional and local entities
- Coordinates any internal or external statements, including media with Crisis Response Team



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PACS Services Crisis Communications

Key Crisis Classification Considerations

Key considerations include:

- Scale of impact (e.g., number of sites or patients impacted)?
- Impact to team members, patients or other stakeholders
- Patient or team member privacy compromised?
- Extent of public awareness (i.e., on social and mainstream media)?
- Potential for reputational damage (e.g., is this a repeat incident)?
- How imminent is the threat? Is it an ongoing threat?
- Who is directly involved in the issue (e.g., local, regional, national, executive)?

Potential Priority Stakeholders to Consider

Internal

Crisis Communications Response Team

Facility administrators

Facility directors and managers

All Team members, particularly

External

Patients	Key support service providers
Patient families and caregivers	Local first responders
Contracted providers and personnel	Regulators
Referral networks	Media
Payors	Elected officials

Incident Classifications & National Team Actions

The table below summarizes Crisis Response Team members and roles in any crisis scenario:



Class I

Watchful Waiting

- May never go public
- Likely contained



Class II

Limited Response

- Local or regional implications
- Media interest primarily local or regional
- Potential government and regulatory interest
- One week or less of support and resources anticipated



Class III

Broad Response

- Potential national implication(s)
- Onsite threat or large impact situation
- Intense local, regional and national media interest
- Government and regulatory interest
- Weeks to months of support and resources anticipated

National Team

- Gather facts
- Evaluate impact to patients, team and reputation
- Determine key audiences
- Draft holding statement
- Determine if internal communications strategy is necessary

- All Class 1 actions
- Engage appropriate SMEs (Clinical, HR, IT, etc.)
- Create, approve and execute incident response
- Provide appropriate leader message training
- Establish onsite media holding and briefing area if appropriate

- All Class 1 & 2 actions
- Create, approve and execute incident response
- Deploy Response Team members to site(s) if appropriate
- Establish onsite media holding and briefing area if appropriate
- Prepare post-incident support for local and regional response teams
- Evaluate need for reputation repair campaign post-response