Children’s Healthcare of Atlanta Takes on the Flu
Communications Team
Children’s Healthcare of Atlanta
Atlanta

NEED/OPPORTUNITY / Flu season brings yearly volume surges at Children’s Healthcare of Atlanta (Children’s), but with the emergent strain of a new influenza virus, experts predicted record high levels of flu illnesses, in part because of the emotion surrounding this new strain of the H1N1 virus and its unseasonal characteristics. The Children’s leadership team recognized the need for a proactive plan to keep patients safe.

Historically, the first cases of seasonal influenza begin in mid- to late-November, but the emergence of the H1N1 virus predicated an early influx of patients experiencing flu-like symptoms at the start of the 2009–2010 school season, and medical advisers recommended that health care providers prepare for the worst-case scenario—and quickly.

As a pediatric health care system, Children’s assumed a leadership role in education and prevention because H1N1, also known as the swine flu, disproportionately targets school-age children, teenagers and young adults. Children’s also recognized that a flu pandemic could compromise patient safety if staff couldn’t promptly treat patients due to staff illness, high census or an influx of “worried well” patients.

INTENDED AUDIENCES / EMPLOYEES
To be successful, Children’s had to reach all 8,000 clinical and nonclinical employees throughout the system. The Children’s system includes three hospitals, one office park, 16 neighborhood locations and an autism center. Although the majority of employees had received seasonal flu vaccines in the past and were accustomed to busy flu seasons, many employees expressed concern about getting sick with H1N1 and keeping up with an increased patient load. The uncertainty of the new strain raised emotions among staff.

COMMUNITY PHYSICIANS
In April and May 2009, people were panicked about H1N1. Media reports shared information about the flu virus’ movement. CDC experts were uncertain of its characteristics and if prevention and treatment options were similar to those of seasonal influenza. Busy physicians turned to Children’s for the latest information and resources about the flu so they could remain informed but focused on treating patients.

SCHOOL SYSTEMS
Some Georgia school systems required doctor notes, influenza testing and antiviral treatment in order for a sick child to return to school. Many school nurses wanted help putting plans in place in case large numbers of children showed flu symptoms.

**PARENTS AND PATIENT FAMILIES**
Community parents were concerned about sending their children to school (especially in Atlanta, where the school year starts in early August), and were taking children displaying any flu-like symptom to doctors or the emergency department (ED) out of fear.

**MEDIA**
Local media shared their confusion about contradictory information from different sources regarding H1N1 and expressed a need to share flu updates and news in a clear, informative manner to the public.

**GOALS AND OBJECTIVES** / Children’s designed a plan that positioned it as a primary source of information for physicians, parents and school nurses by developing resources aimed to eliminate confusion arising from conflicting information about the new flu strain and the appropriate next steps to take. The team developed the following communication objectives to support the plan:
- Increase employee and physician awareness of infection control protocols to prevent the transmission of the flu, including achieving 87 percent employee compliance with seasonal flu vaccination.
- Increase employees’ appropriate use of personal protective equipment by 100 percent.
- Reduce the average turnaround time in the EDs to 158 minutes.
- Reduce requests by schools for physician notes, flu testing and prescriptions.
- Provide relevant and distilled information about the flu from leading organizations to the public and media.
- Direct physicians and parents to the Children’s web site or a dedicated flu hotline to access a decision tree that details what you should do when having flu-like symptoms before calling the call center, visiting a physician, or going to an ED or urgent care center.

**SOLUTION OVERVIEW** / In July 2009, a Pandemic Task Force (PTF) at Children’s organized key stakeholders to proactively develop a pandemic plan in anticipation of a potential worst-case scenario, with an expected early October launch. The PTF created seven sub-teams including:
1. Operations
2. Medical management
More than 100 people participated, with effective, strategic communications being critical to the program’s success. To indicate a cohesive message, Children’s used the program name, “Operation: Prevent Flu” on all related communications.

**KEY MESSAGES**
The internal communications, public relations and marketing teams developed the following key messages by audience group:

**Internal:** Protect yourself, your families and your patients by taking the following precautionary steps to prevent the spread of influenza: Get vaccinated, use protective equipment when necessary and stay home if you’re sick.

**External:**
- Be informed of the facts about H1N1 and take the necessary steps to protect your family and your patients.
- Visit the Children’s web site, choa.org/flu, for the latest information about the flu strains, including what to do if a family member has symptoms and medical management of patients with flu-like illnesses.

**COMMUNICATION TACTICS**
To reduce the volume of children unnecessarily coming to the ED, Children’s created a web-based decision tree (active on the web site and Children’s main phone lines) to help parents assess if a child has the flu and whether or not they need to seek treatment. Children’s gave the decision tree to pediatricians to use with their patients, developed a flu toolkit for physicians and other medical stakeholders, and provided prerecorded phone messages pertaining to the flu for medical offices to use. Other communication tactics included the following.

**Internal**
For employees and physicians:
- A special “Operation: Prevent Flu” hub was created for the Children’s intranet site, Careforce Connection, with updates, links to resources and documents. The team posted articles and updates on the home page linking to the flu hub, and the site used quizzes to engage employees.
• An online state-of-the-art “business intelligence” influenza planning dashboard provided daily metrics of patient volumes by location and chief complaint, ED turnaround times and admissions via a live “feed” from electronic medical records.
• A special H1N1 hotline e-mail address was set up for employees and physicians to ask flu-related questions. Responses were posted on the flu web pages in an FAQ format. Additionally, updates were provided to employees via the staff phone line.
• Interior signage with vaccine and infection control reminders was posted throughout the system.
• Weekly and monthly clinical manager memos disseminated timely information, answered questions and recruited backup staffing.
• Updates were provided to managers and leaders via the weekly newsletter, Management Update. Daily conference calls addressed emergent issues, removed barriers and determined communication needs.

External
For community physicians:
  • The physician web site was updated to serve as a clearinghouse for flu-related information.
  • The team hosted an interactive webinar; pediatricians and family practitioners used the hotline e-mail address to submit questions.
  • The weekly e-newsletter shared flu updates, antiviral drug and treatment recommendations, safety protocols, and vaccine information with physicians.
  • The phone tree algorithm was shared with physician practices and other health care organizations.

For school systems:
  • Flu-testing information was disseminated to school superintendents, principals and nurses.
  • Tools about flu prevention and information on when to seek treatment were sent through Building Bridges, a school nurse network.

For parents and patient families:
  • The team created a flu web site for patient families that contained information, teaching sheets and an interactive web guide to determine the need for medical intervention. The site was promoted on all Children’s external materials.
  • A phone triage system for the Children’s call center helped concerned parents determine the appropriate level of medical intervention.

For media:
  • Children’s partnered with local media to host online Q&A sessions and press conferences.
• The team proactively positioned Jim Fortenberry, M.D., Children’s pediatrician-in-chief, as a spokesperson and authority on the flu.
• Children’s hosted an H1N1 panel for international journalists to discuss the organization’s participation in the H1N1 flu vaccine trials, its partnership with Emory University and its H1N1 clinical approach.

IMPLEMENTATION AND CHALLENGES / The communication budget was US$12,000, which included developing a webcast (US$5,500), internal and external signage (US$1,700), and printing “Operation: Prevent Flu” materials, including posters, table cards and stickers (US$3,890). Children’s avoided unnecessary expenditures by using internal resources to design the promotional materials, program the intranet and web site items, and reach out to media.

One of the challenges in the process was an abbreviated time line due to the early H1N1 outbreak. After an initial team meeting in July, the launch date for all materials was 1 October. During this time, a significant influenza surge hit in late August. To respond, Children’s moved the launch date of the webcast, dashboard, phone and Internet triage, and vaccination strategy to 10 September.

MEASUREMENT AND EVALUATION OF OUTCOMES / Since implementing the pandemic plan, Children’s has become an international resource for information on H1N1, employees are taking the necessary precautions to protect themselves and their patients, and Children’s has been influential in preventing panic and confusion about the flu. Specific results include the following:

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<th>Goal</th>
<th>Results</th>
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<td>Increase employee and physician awareness of infection control protocols to prevent the transmission of the flu, including achieving 87 percent employee compliance with seasonal flu vaccination.</td>
<td>• Vaccine compliance exceeded 90 percent, with the first shipment of vaccines exhausted within the first 48 hours.</td>
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<td>Increase employees’ appropriate use of personal protective equipment (PPE) by 100 percent.</td>
<td>• Clinical staff immediately responded to messages about the use of personal protective equipment. Use of droplet-contact equipment and isolation jumped approximately 500 percent between 17 and 30 August, coinciding with the influx of H1N1.</td>
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<td>Reduce the average turnaround time in the EDs to 158 minutes.</td>
<td>• In September, the system turnaround average time (TAT) was 154.6 minutes, with one hospital ED reporting an average TAT of 144.5 minutes, a 3.2 minute drop from August.</td>
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<td>Reduce requests by schools for physician notes, flu testing and prescriptions.</td>
<td>• Within 72 hours after reaching out to its school contacts, including a conference call with the superintendent of schools to provide correct information, the requests virtually ceased.</td>
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| Provide relevant and distilled information about the flu from leading organizations to the public and media. | • Children’s partnered closely with local and national media, resulting in nearly 150 media appearances and 11,989 visits to the external web page. Media coverage included:  
  o A cover story in the *Atlanta Journal-Constitution*.  
  o A CNN interview with Sanjay Gupta, M.D., and Dr. Fortenberry, including a visit to Children’s.  
  o Local TV news coverage on FOX and NBC.  
• Children’s hosted a two-hour interactive webcast on H1N1 with approximately 200 viewers and more than 150 downloads of the video archive.  
• Children’s received accolades from the U.S. Department of State for their 56 international media placements, which also referenced Children’s.  
• Children’s received inquiries on its developed protocols from the CDC, All Children’s Hospital, CHOP, Seattle Children’s Hospital, CHCA, East Tennessee Children’s Hospital, the Georgia Department of Human Resources, the Georgia chapter of the American Academy of Pediatrics, and others. |
| Direct physicians and parents to the Children’s web site or dedicated flu hotline to access a decision tree with instructions on what to do when having flu-like symptoms before calling the call center, visiting a physician, or presenting directly to an ED or urgent care center. | • From 27 September – 2 November, the web-based application generated more than 4,700 visits, averaging 135 visits per day.  
• Median visit time (for completed assessments) was 1:51 minutes. The median time for a call to the call center with the same questions was seven to eight minutes (not including hold time).  
• Eighty-eight percent of users indicated they would follow the advice given on the web site. |