

# Communications Planning

WAIKIKI HEALTH

MEDICAL & DENTAL • BEHAVIORAL HEALTH • SOCIAL SERVICES

*Instructions: Use this form to outline key message elements for emergency communications for staff, patients, or external partners. Use a separate form for each target audience.*

## Draft Emergency Notification and Activation Messaging

## Purpose of Message

## Audience

## Delivery method(s) *(check all that apply)*

- |  |  |                                  |   |
|--|--|----------------------------------|---|
| <input type="checkbox"/> Direct phone call                             | <input type="checkbox"/> Automated call system             | <input type="checkbox"/> E-mail  | <input type="checkbox"/> Text message/SMS           |
| <input type="checkbox"/> Facebook                                      | <input type="checkbox"/> Twitter                           | <input type="checkbox"/> Website | <input type="checkbox"/> Patient portal log-in page |
| <input type="checkbox"/> Recorded message patients hear when they call | <input type="checkbox"/> Patient info sheet/office poster  |                                  |   |
| <input type="checkbox"/> Info sheet for reception/appointment staff    | <input type="checkbox"/> Patient communication through EHR |                                  |   |

## Key points / Call to action *(describe situation and indicate what target audience should do in response)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Target time-frame for release

## Approval needed *(position title(s))*

## Criteria and time-frame for updated message