

ABSTRACT

The objective of our study is to evaluate crisis management methods in industry and hospital-based drug information (DI) centers. Crisis management is the process of responding to urgent situations that could affect the normal operations of an organization. Catastrophic events affecting a DI center were classified as: natural disaster, human-caused, or technology failure. A questionnaire was developed to determine the preparedness of various DI centers in the event of a crisis. These questions were compiled according to the temporal relationship between a potential crisis and emergency procedures. Lines of communication, personnel redeployment, emergency education, and technology support were our primary focus. The survey results will increase awareness and preparedness in the event of a crisis situation in a DI center.

INTRODUCTION

Crisis situations may occur when we least expect it. One unfortunate incidence happened on September 11, 2001. This was a learning experience that may also be applied to the pharmaceutical industry and hospitals/institutions in times of crisis management. Sharing best practices can allow a more efficient plan during an emergency.

OBJECTIVE

To evaluate crisis management methods in industry and hospital-based DI centers.

METHODS

To assess crisis management practices within DI centers in the U.S. we e-mailed a survey link to 132 unique pharmaceutical companies, hospitals/institutions, and "other" organizations, with a reminder email sent 10 days afterward. The survey choices for our importance scale were the following: Not Important, Somewhat Important, Important, Extremely Important, and Not Applicable. Significant importance was defined as being either Important or Extremely Important. Items not applicable to some respondents or questions left unanswered were excluded from the results. All responses were gathered using a web-based survey instrument.¹ Anonymity of respondents was upheld.

RESULTS

We received 17 of 132 (13%) potential responses. Of these 17 responses, 5 (29%) were from the Pharmaceutical Industry, 5 (29.4%) were from Hospital/Institution, and 7 (41%) were Other. The Other category included: Academia (4), School of Pharmacy (1), Poison and DI Center (1), and Unspecified (1). Of the respondents, 14 of 21 (67%) experienced a crisis/emergency situation that was either a Natural disaster, Human-caused, or Negative press. Of the respondents, 13 of 17 (76%) DI centers had no formal crisis management plan/guidelines in place. Of the 4 DI centers who had a formal crisis management plan, 1 respondent was from the Pharmaceutical Industry, 1 from Hospital/Institution, and 1 from Other: Poison and DI center, and 1 Other (nonspecified).

During a crisis situation, the personnel that can serve as a resource with the greatest percentage were Drug Information Specialists with 15 of 43 responses (35%). The alternate process that is in place with the greatest percentage was handwritten vs. electronic documentation with 12 of 49 responses (25%). The process that is in place with the greatest percentage was Emergency phone number to access situation status with 11 of 31 responses (36%). Following a crisis situation, these were considered critical to the short-term (up to 72 hours) continuation of operations: Drug Information Specialists with 15 of 48 responses (31%) and Team leaders and members with 8 of 48 responses (17%). The following alternate processes were considered critical to the short-term (up to 72 hours) continuation of operations: Handwritten vs. electronic documentation with 14 of 49 responses (29%) and Backup computer system with 12 of 49 responses (25%). These were considered critical to the short-term (up to 72 hours) continuation of operations: Emergency telephone/voicemail, radio, or TV broadcasts with 11 of 31 (36%) and Use of email as a means of keeping employees informed with 9 of 31 responses (29%).

REFERENCE

Argenti P. Crisis communication: lessons from 9/11. *Harvard Business Review* 2002;80(12):103-109.

Figure 1

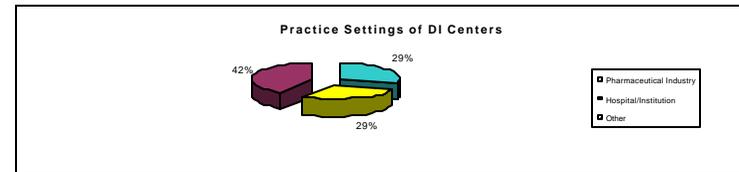


Figure 1 shows the practice setting of DI Centers. Of these 17 responses, 5 (29%) were from the Pharmaceutical Industry, 5 (29.4%) were from Hospital/Institution, and 7 (41%) were Other. The Other category included: Academia (4), School of Pharmacy (1), Poison and DI Center (1), and Unspecified (1).

Table 1 illustrates the Top 5 categories of decreasing importance from actual crisis to post-crisis. According to our survey, these categories were important during the time of crisis, but decreased in importance after the crisis. For example, 75% of respondents believed Security personnel were of significant importance during the crisis but only 36% thought so after the crisis, with a net change of 39%.

Tables 1 & 2

Top 5 Categories of Decreased Importance (from crisis to post-crisis)			
Category	During Crisis (%)	After Crisis (%)	Importance (% Change)
Security personnel	75	36	-39
After-hours support	92	73	-19
Field Representatives	29	14	-15
Back-up computer system	92	79	-13
Emergency telephone/voicemail, radio, or TV broadcasts	71	58	-13

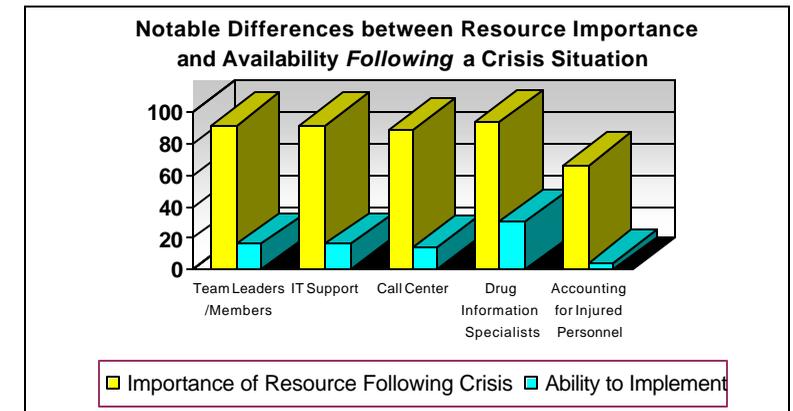
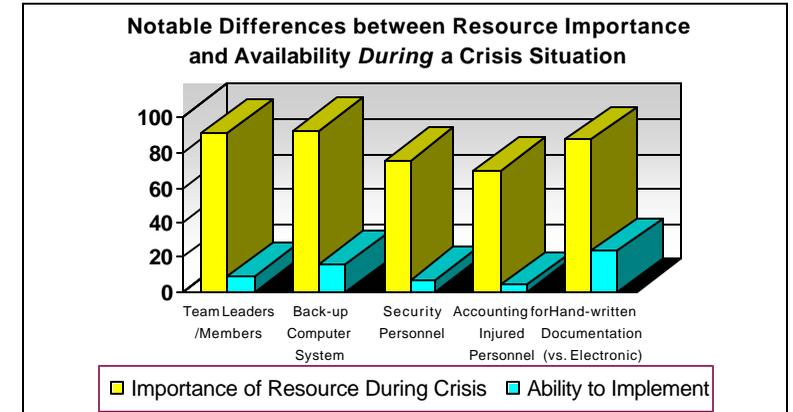
Top 3 Categories of Increased Importance (from crisis to post-crisis)			
Category	During Crisis (%)	After Crisis (%)	Importance (% Change)
Call Center	70	89	+19
IT Support	83	92	+9
DI Specialists	87	94	+7

Table 2 shows an increase in importance scale from actual crisis to post-crisis. During the time of crisis, the Call Center was believed to be important by 70% of respondents, but after the crisis occurred, it was considered to be even more important at 89%, with a net change of 19%.

Overall, Team leaders and members had a similar importance scale from crisis to post-crisis. There were no consistent results either during or following a crisis event for these categories: Call center vendors during normal hours, Company affiliate support, Alternative work site, Accounting of any injured personnel, Use of e-mail as means of keeping employees informed, and Availability to check situation status on company intranet.

Of the 24% of DI centers that reported having a crisis management plan in place, the continued ability to receive customer calls; an established list of primary and backup key contact information; and after-hours response availability were always addressed. However when taken as a whole, the current operative needs of DI centers during and after an emergency situation seem to be unmet. During a potential crisis situation, the levels of resources available did not reflect their corresponding levels of importance. This was most notable in the following processes: team leader/member support, backup computer availability, security personnel assistance, injury accountability, and the ability to substitute hand-written for electronic documentation (Figure 2). Differences between the levels of importance and the capacity of the sites to implement crisis management functions were also observed when presented with a crisis recovery scenario. During this phase, the most remarkable differences were seen in team leader/member collaboration; IT support; call center functionality; DI specialist availability; and the accounting for any injured employees (Figure 3).

Figures 2 & 3



DISCUSSION

We set out to determine and report the ability of DI centers to maintain normal operations in an emergency situation. Deficiencies in this capacity may indicate areas of practice where customer needs would not be met. While the survey results suggested that most DI centers did not possess the qualities of what they considered part of an ideal crisis management plan, other potential factors must not be ignored. These factors may include budgetary constraints, human resource deficits, and company-specific approval processes for the development of emergency guidelines. We must also consider differences in the inherent functional necessities for each practice setting. If provided additional data, it would have been useful to compare and contrast crisis management guidelines across the various modes of DI practice. Moreover, all of these issues are ultimately affected by the complexity of the operations of an organization, as well as the nature and magnitude of a given crisis situation.

CONCLUSIONS

We found that 76% of DI centers had no formal crisis management plan in place. Of those that did have such a plan, the continuation of customer call intake; an established list of key contact information; and after-hours response capabilities were among the most frequently adopted methods of emergency preparedness. Overall, the importance of individual functions critical to managing crisis situations fluctuated. In most cases, the current functional needs of DI practice sites during and after a crisis situation seem to be unmet.

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