



Improving communication between hospital administrations and healthcare providers during COVID-19: experience from a large public hospital system in Northern California.

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Abstract: The SARS CoV-2 (COVID-19) pandemic has put immeasurable stress on hospital and medical staff and healthcare **organizations**. Communication is often challenging during times of crisis, and leaders may struggle to disseminate changing clinical and administrative directives, as well as receive timely feedback from staff. Hospital administrators would ideally focus their communication strategies to promote efficient delivery and staff understanding. In this best practice article, administrative communication during COVID-19 is considered within the context of traditional communication theory, with unique considerations around

dissemination and retention of information, as well as staff engagement. A brief review of recent communication challenges for **health organizations** is included. Administrative experience from a large public hospital system in northern California is shared, serving a county population of nearly 2 million lives. From this recent experience, a model is suggested to address organizational communication needs under the constraints of COVID-19. Trust in leadership is a key component to administrative communication, and specific methods of bidirectional communication and staff engagement are reviewed. A toolbox for administrators with communication classification compass is included, along with a dynamic model for communication based on the Academy of Medicine's model of the diagnostic process. Most **organizations** will need multimodal approaches to communication that is dynamic and flexible to promote and sustain engagement of their healthcare team. Leaders who can foster organizational trust and develop policy grounded in patient safety, staff engagement, feasibility and an ethical foundation will be more likely to communicate and collaborate successfully with their teams. [ABSTRACT FROM AUTHOR]

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