Final Project: Crisis Management of Princeton-Plainsboro Teaching Hospital

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SITUATION ANALYSIS:

In late October 2006, Dr. House was on clinic duty when he encountered a patient named Michael Tritter. Tritter came into the clinic because he had a rash. While taking Tritter’s history, House took two or three Vicodin. Tritter commented that he might be an addict and it was disconcerting to have a doctor that takes such a powerful drug and flaunting it openly during his duty at the clinic.

After Tritter made that statement, House claimed that in order to get a “better, more accurate” body temperature, he needed to perform a “rectal temperature reading.” Tritter complied with the request; however, he questioned House’s reasoning. After inserting the thermometer, House left the room, saying he would check on him in a minute; however, he never returned, leaving Tritter in the exam room.

It should be noted that PPTH requires all doctors to perform four hours of clinic duty each week. Moreover, it should also be noted that Dr. House despised clinic duty and avoided it at all costs; however, most of the time was caught by Dr. Cuddy.

Unbeknownst to House, Tritter was a police detective and started investigating House’s Vicodin habit. The investigation started with Tritter reviewing all of House’s prescriptions. All were written by Dr. Wilson; however, further investigation found that six and possibly more had been forged. While House admitted to Wilson he had forged the scrips, Wilson told Detective Tritter he had signed the scrips himself stating, “sometimes my signature looks different.” A search warrant was executed on House’s apartment and over 600 Vicodin pills were found.

After realizing Dr. Wilson had lied to him, Tritter advised Dr. Cuddy of the situation, stating the district attorney would be pressing charges against House for possessing large amounts of narcotics with the possible intent to distribute. In addition, Tritter had Wilson’s car repossessed, bank accounts frozen and his DEA license revoked, thus preventing him from writing all prescriptions for any patients.

Then in November, Tritter began questioning all of House’s team as well as members of the hospital staff. During this time, Dr. Cuddy supervised House’s Vicodin prescriptions, cutting him back to a normal dosage. Toward the end of November, Tritter advised House the district attorney was going to press charges against him.

Tritter then offered House a deal in early December: he could spend two months in jail and attend rehab. House rejected this offer. Later in the month, House signed for a prescription for Oxycontin (another opioid similar to Vicodin) for a deceased oncology patient being treated by Dr. Wilson stating, “Wilson was too busy to pick it up.”

After realizing he was putting all of the hospital at risk, House apologized to Tritter for the way he had treated him during his clinic visit. Tritter told him that the deal of the two months was off the table. A member of the hospital staff came forward about House’s addiction and the investigation found new information.

The trial of Dr. House started in early January. Dr. Wilson took the stand, admitting the forged scrips were indeed written by House. Tritter also took the stand and talked about House’s drug habit, including how many pills he took in a day, how the drug might impair his judgment as a doctor and how the amount of Vicodin in House’s apartment might demonstrate the possibility of distribution.

Dr. Cuddy took the stand at the end of the trial. She was confronted with the hospital’s pharmacy logbook, which showed House’s signature for the deceased oncology patient’s prescription. Under oath, she testified that House did indeed sign for the scrip, but she produced an order allowing House to pick up the prescription. She stated that the patient had died while House was at the hospital’s pharmacy, and House hadn’t known about the death. With this new evidence, the judge dismissed House’s case.

OVERALL OBJECTIVES AND GOALS:

This public relations campaign is focusing primarily on Detective Tritter’s investigation and the subsequent trial of Dr. Greg House. The campaign will help protect PPTH’s reputation of excellence both as a teaching hospital and as a health care provider. Moreover, we want to highlight PPTH’s diagnostic department, which is recognized as the best in the country. We will show that despite House’s use of Vicodin, he and his team provided the highest standard of care to the patients they treated.

The campaign will also initiate a nationwide treatment program for doctors are addicted to prescription drugs. We will also highlight PPTH’s new method of handling prescriptions for its doctors and staff members. Finally, the campaign will show how PPTH will handle schedule II narcotics (Vicodin, Oxycontin, Oxycodone, etc.).

Recommendations will be put forth to the Dean of Medicine and also to the board of directors of PPTH. PPTH will also announce the disciplinary actions taken towards Dr. House.

Measurement for this crisis is somewhat simple. First, we will measure the number of people who use the clinic after House’s debacle, noting the incident did occur in the clinic. The next point of measurement will be those patients who are admitted to the hospital either through the ER or referred to a specialist in PPTH by their primary care physician. Next we will look at the number of patients seen and treated by the diagnostic department and finally, at the number of hits on both proposed websites and the amount of donations received on behalf of PPTH.

TARGET AUDIENCE:

Princeton-Plainsboro Teaching Hospital serves roughly 300,000 patients a year, including admitted patients to PPTH as well as patients that come to the ER or clinic. The target audience of the campaign will be current and past patients, mainly focusing on the patients the diagnostic department handled under the care of Dr. House. The other audiences include: PPTH’s main insurer, people who have made contributions to PPTH, and finally the Princeton-Plainsboro area.

OVERALL STRATEGY AND TATICS:

The key theme for this campaign is that PPTH provides excellent care and has the best diagnostic team in the country. Dr. House has been placed on formal discipline and is now seeking treatment and will not be seeing patients or practicing medicine. However, an interim department head has been appointed and the department is still taking on new cases.

A secondary theme will be twofold: first, to make the public aware of physicians who abuse pain medication; and second, to establish a nationwide program for doctors who need help in overcoming addiction. Initial funding will come from the A&E Network, host of the television series “Intervention.”

STRATEGY: PPTH provides excellent care.

TACTICS:

* Continue to emphasize PPTH’s care and free clinic by sending video news releases to media outlets in the area.
* Advertise PPTH’s free clinic on the web, perhaps using Google’s sidebar ads and, of course, PPTH’s own website.
* Highlight the diagnostics department through billboards, the clinic, and website.
* Create a website, “ppthcares.org,” where donors can contribute money to the free clinic or to a special fund to help raise awareness of physicians who abuse medication and are seeking treatment, or to both funds.

STRATGEY: PPTH has the best diagnostics department in the country.

TACTICS:

* Issue a press release stating that Dr. House has been suspended by the board of directors; since the investigation that and Dr. Allison Cameron has been appointed the pro-tem department head.
* Issue another release to all hospitals, clinics, and physicians stating that PPTH’s diagnostic department is still functioning and despite House’s absence is the best place to send difficult cases.
* Provide information on PPTH’s website on how to be seen by the diagnostics department and put similar information in both the clinic and the ER waiting room.
* Issue an internal memo to all departments to continue to refer difficult cases to the diagnostics department.
* Issue a press release stating that despite Dr. House’s drug use, all of the patients treated by Dr. House and his team received the highest standard of medical care.

STRATEGY: Dr. House is seeking treatment

TACTICS:

* Press statement: After the criminal trial Dr. House has flown to Germany to undergo a procedure called the “Ketermine Treatment,” whereby a patient who suffers from chronic pain is put in a chemically induced coma and the body is allowed to “reboot” itself using the drug Ketermine. Patients who make a full recovery will not suffer from the chronic pain.
* Press Release: PPTH’s board of directors announces House was placed on formal discipline and is required to complete a psychiatric evaluation prior to resuming his functions at PPTH. If House receives a good report, the board of directors will allow House to serve as a “consultant” where he can give input on differentials and diagnoses (yet not allowed to practice medicine) to PPTH’s diagnostic department for six months. After the six months, he may resume his role as department head unless PPTH’s board of directors sees otherwise.

STRATEGY: PPTH is creating a program for physicians who are addicted to pain medication.

TACTICS:

* Issue a press release advertising the new nationwide program and its initial funding the by A&E Network.
* Provide media packets to all major news stations across the country, as well as cable channels.
* Create a website, “doctorsunderstand.org,” where physicians can get information on pain medication addiction and chat anonymously with doctors and counselors about their addiction.
* Create a hotline that physicians can call and ask to be admitted to their local treatment facility. After a doctor makes the call, someone will contact him or her to schedule a pickup time. There is no fee for the treatment.
* PPTH will make recommendations to the Drug Enforcement Agency about new rules regarding schedule II narcotics such as Vicodin and Oxycodone.
* Issue an internal memo stating that department heads can no longer issue prescriptions to any hospital staff without the approval of the dean of medicine.

CALENDAR/TIMETABLE:

Mid-December 2006

* PPTH’s Board of Directors announces House’s suspension and that Cameron is to assume House’s role as head of the diagnostics department.
* PPTH issues press release that it provides excellent medical care and has the only free clinic in the Princeton-Plainsboro area.
* PPTH issues paper and video news releases stating that despite House’s drug addition, patients in his care received the highest medical care. Cuddy holds a press conference.
* PPTH issues news release to all hospitals, clinics, and physicians in the PP area stating that they can continue to refer cases to diagnostics department.
* Internal memo sent to all department to refer cases to diagnostic department.
* Internal memo sent to all departments requiring all prescriptions written for hospital personnel be approved by the dean of medicine.

January 2007

* Trial of Greg House starts and ends
* At end of the trial, Wilson announces House seeks treatment in Germany. All questions about House’s treatment will be directed to Dr. Wilson.
* PPTH creates website “ppthcares.org” to allow readers to contribute to a fund for either the free clinic or a special fund for doctors with drug additions.

February 2007

* House returns to US
* PPTH’s Board of Directors announces House discipline to continue with psychiatric evaluation. Pending the results he can return to diagnostics department as “consultant.”
* House returns to the diagnostics department as consultant; however, he cannot practice medicine.

June 2007

* A&E Network, host of the program “Intervention,” gives endowment to PPTH to start a nationwide program to help physicians with drug addictions.
* PPTH creates website “doctorsunderstand.org” and hotline to help treat physicians with drug addiction problems.
* PPTH’s Board of Directors issues statement about website and hotline.
* House makes a public service announcement about website and hotline.

August 2007

* PPTH’s Board of Directors and Dr. Cuddy announce that House returns to his post as head of diagnostics department.
* Dr. Cuddy announces she is resigning as dean of medicine at the end of the year due to “personal reasons.”
* Doctors Cuddy, House, Wilson and Cameron issue statement to DEA about new rules that should be required in all hospitals about schedule II narcotics.

BUDGET:

The budget breaks down as follows:

* $400,000 retainer fee to manage the crisis situation.
* $500,000 for staff time, including interviewing key players in the campaign as well as an observer at House’s trial and a lawyer to make sure there are no mishaps when issuing press releases about the trial.
* $400,000 for Out-of-Pocket expenses, such as VNRs, web design, web space, servers, etc.

EVALUATION:

Despite the investigation of House’s addiction, results were favorable for PPTH and monumentally successful for the hotline for physicians with drug addictions.

* 100 million impressions for the media, including:
  + 10 national print features
  + More than 4,000 local stations providing TV/radio news coverage
  + More than 400 online news and blogging stories
  + 10 national TV segments
  + Complete gavel-to-gavel nationwide coverage of trial
* PPTH reported around 345,000 hits on ppthcares.org (with an average of 8 minutes spent on the site, roughly 7 pages viewed, roughly $25 per hit donated to the clinic and $5 per hit to the “doctors understand” fund) and 267,000 hits on doctorsunderstand.org (with an average of 25 minutes spent on the site, roughly 10 to 15 pages viewed and roughly $50 donated per hit).
* In the three-month period from June 2007 when the hotline for physicians with drug addictions could call, through August 2007, when House resumed his department head duties at PPTH, over 2,500 calls were received from doctors either looking for more information or to check themselves into the recovery program.
* After the campaign in the Princeton-Plainsboro area, awareness of PPTH rose by 40%, and people in the clinic and ER gave the hospital a 90% rank for medical care.
* Clinic visits rose by 35% after it was advertised it was “free.”
* Major donors pulled $1.2 million from PPTH’s budget; however, that money was recouped when Dr. House came back to PPTH.
* Public awareness of PPTH’s diagnostic department rose 45% after the trial, but the department only received a 67% favorability level, with most respondents stating they would come to PPTH because of House and not just his team.
* After House’s return, the diagnostics department received an 89% favorability level.
* After recommendations to the Drug Enforcement Agency, public awareness over schedule II narcotics rose 27%.