

MEDIA

Overview

This Document

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MEDIA

Introduction

Purpose

To provide a framework for Auckland District Health Board (ADHB) employees outlining the correct steps to be taken if or when a journalist contacts them, ensuring a positive and consistent approach to the ADHB in the news media.

To ensure that the information given by members of the ADHB is consistent with the objectives set out below.

Scope

This policy applies to **all staff** employed by the ADHB and anyone acting on behalf of the ADHB.

This policy applies to any communications with a third party who is a media agency, or any communication anticipated or intended to be disseminated to the wider public.

Associated Documents

The table below indicates other documents associated with this policy.

Type	Document Titles
Legislation	<ul style="list-style-type: none"> • Privacy Act 1993 • Health Information Privacy Code • Access to Health Information
Board Policy	Trespass Notices
Employment Contracts	<ul style="list-style-type: none"> • Confidentiality Clauses • Public Debate and Dialogue Clauses
Forms / Agreements	<ul style="list-style-type: none"> • Filming Agreement • Filming Consent Form <p>To obtain a copy of the agreement, please email adhbcommunications@adhb.govt.nz or ring us on extension 4950</p>

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MEDIA

Introduction, Continued

Objectives

To respond promptly and appropriately to the needs of the news media and to work effectively with them in a positive and proactive manner.

To ensure that all information given to the media about the ADHB is accurate and consistent throughout all levels of the organisation.

To ensure that all coverage about the ADHB is honest, open and accurate.

To ensure that patient and commercial confidentiality is observed in all communication.

To ensure that the presence of news media personnel does not interfere with the privacy and safety of patients and staff, and the ADHB's ability to provide health services to patients.

To ensure that key messages are aligned to the specific issue at hand as well as the organisation and are conveyed by a competent spokesperson.

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Responding to Media Enquiries

**Media Enquiries
Initial Contact to
Communications
Team**

Any designated spokesperson who receives a direct media call should direct the media organisation to liaise with the ADHB Communications team in the first instance.

**Designated
Spokespeople**

Spokesperson	Regarding
Chair of the Board	Governance or board matters including: <ul style="list-style-type: none"> • Policy • Political issues.
Chief Executive	<ul style="list-style-type: none"> • The overall impact on the operations of the ADHB • The impact on ADHB hospitals and services including: <ul style="list-style-type: none"> – ADHB operational issues – Staff issues.
Chief Medical Officer	<ul style="list-style-type: none"> • Clinical matters • Operations • Staff
General Managers/ Clinical Partners	Impact on their individual service.
Duty Managers	Patients present in hospital.

**Delegation of
Authority**

The above spokespeople, with the exception of Duty Managers, may also delegate, as appropriate. However, this person must be an appropriate representative for the organisation.

Training

Media training will be provided to selected staff where required.

**Media Release
Approval**

All media releases must be approved by the communications team prior to release.

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Responding to Media Enquiries, Continued

Media Enquiries to Non-Designated Spokespeople

All calls received from the media, including newspapers, radio, television and web-based, should be forwarded immediately to the communications team before a response is given.

The Communications Team will:

- Ascertain who the best spokesperson is for the interview.
- Seek any background information regarding:
 - The nature of the call and
 - Any issues that may be relevant in your area.

At times journalists may call you or your department seeking specialist rather than organisational information. In these instances, still redirect the call to the communications team.

The communications team will either call the journalist back, or coach the relevant spokesperson in an appropriate response.

After Hours Enquiries

- You should contact the communications team even if it is outside of normal business hours or on the weekend.
 - Journalists work to deadlines and may require an urgent response from someone in order to meet these deadlines.
 - The person on media duty can be reached on 021 804 122. If you are unable to reach that person, please contact the Communications Manager on 021 366 664.
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Contacting the Media

No media contact should be initiated without prior consultation with the communications team.

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Responding to Media Enquiries, Continued

Off the Record

Journalists will sometimes seek to gain information on an issue by asking you to speak ‘off the record’. Many believe that this means they are just seeking background information and will not publish any part of the ‘off the record’ conversation.

However, ‘off the record’ may well mean that journalists will quote you as a ‘spokesperson’ of the organisation, without using your name.

Don’t say anything to the media that you would not want to see printed with your name attached to the comment.

Speaking Out in a Private Capacity

Without first consulting the ADHB Communications Unit, employees must not speak in a private capacity about information received in the course of, or matters pertaining to, their employment with ADHB.

However, there may be very few exceptions to this rule. In instances where the subject matter of such comment is either medically related or otherwise affects the interests of the ADHB, employees must:

- Clearly state that they are:
 - Not speaking on behalf of ADHB
 - Speaking in a private capacity, and therefore any association with the ADHB is not to be mentioned in the story.
 - If an employee wants to write a “letter to the editor” in a private capacity:
 - The ADHB cannot be mentioned in the letter
 - ADHB employment titles must not be used
-

Public Debate

The SMO MECA affirms the rights of senior doctors to comment publicly and engage in public debate on matters relevant to their professional expertise and experience; however, where relevant to ADHB, they must advise and discuss the issues with the ADHB Communications Unit before doing so.

MEDIA

Release of Information

Clinical Information on Patients

Only [designated spokespeople](#) may disclose to any person any information concerning the condition, or clinical history of, any patient/client who is receiving, or has received services provided by the ADHB. This is unless the patient/client or their family/representative has requested that no information be given.

ADHB does not talk about individual cases but will respond in general on procedures and policy even when prior consent is given by the patient/client or their representative.

Staff Information

Issues relating to staff will not be discussed in the media unless that staff member has given permission. Some employee matters such as those before the courts will remain confidential.

Commercial Information

No staff member may discuss issues of a commercial or contractual nature without the express permission of the Chief Executive.

Legal Liability

ADHB employees should be aware that they may be personally liable for a public statement that is critical of any person or organisation, if that criticism is unfounded.

Unauthorised discussion of ADHB matters with the media may contribute a breach of the employee's employment agreement.

Internet

Public statements made via websites/the Internet are also governed by this policy.

MEDIA

Media Access

Fostering Positive Media Relations

While we want to foster a positive working relationship with media, we also want to protect our property rights. The privacy and welfare of our patients and staff are paramount.

ADHB Premises

Media are not permitted on ADHB premises without permission. Permission can only be granted by the Chief Executive, Chief Medical Officer, General Managers or their designated authority. Typically this is arranged via the Communications Department.

If a member of the media arrives unannounced:

- Request them to leave and
 - Contact the Communications Department.
 - If they fail to leave, ring the duty manager.
-

Patients/Clients

A patient/client has the right to be interviewed by the media. All such requests should be referred to the communications team prior to the interview being undertaken.

The communications team will determine whether the patient/client or family/representative consents to the interview, and if there are any clinical reasons why an interview should not take place.

The communications team will liaise with the duty manager to ensure appropriate arrangements are made for the media to meet with the patient/client.

It is entirely at ADHB's discretion whether patients can be interviewed on site.

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MEDIA

Media Access, Continued

Filming on ADHB Premises

Any requests for permission to either film or take photographs on ADHB premises should be directed to the communications team who will obtain the appropriate permission prior to the filming being undertaken.

Any filming of ADHB patients/clients needs the signed agreement of either the patient/client or their representative. Written consent must be obtained **prior** to filming except where the ADHB Communications Department provides verbal consent to the filming.

Consent forms for filming, photography and/or interviews are available from the communications team.

Board Meetings

Any media are welcome to attend ADHB Board meetings.

Any media that seek to film or record the meeting must have permission from the Board Chairperson via the Board Administrator at least **48 hours before** the meeting.

Trespass Notices

Media do not have the authority to enter ADHB premises without consent.

Media found on or within ADHB premises or facilities, without consent, will be asked to leave immediately without discussion.

Failure to leave ADHB premises or facilities immediately will mean the automatic issuance of a trespass notice by the Duty Manager.

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Appendix 1: Patient Information

Patient Information In keeping with Rule 11, section 1e of the Health Information Privacy Code (1994), information in general terms concerning the presence, location, condition and progress of the patient in a hospital is allowed to be disclosed unless the patient or his/her family have requested otherwise. Where possible the patient should be notified of media requests and ADHB response. The duty manager will advise the communications team of the family's wishes.

Condition Codes The level of disclosure is outlined in the Patient Condition Codes below:

1. **Undetermined:** The patient is awaiting physician assessment.
2. **Good:** Vital signs, such as pulse, temperature and blood pressure are stable and within normal limits. Patient is conscious and comfortable. Outlook for recovery is good or excellent.
3. **Fair:** Vital signs are stable and within normal limits. Patient is conscious. Patient is uncomfortable or may have minor complications. Favorable outlook.
4. **Serious:** Acutely ill with questionable outlook. Vital signs may be unstable or not within normal limits. A chance for improved outlook.
5. **Critical:** Questionable outcome. Vital signs are unstable or not within normal limits. There are major complications.
6. **Deceased**

The Communications Manager, authorised by the General Manager, may provide the media with a brief description of the injuries sustained by an individual in an accident (refer to rule 11, section 2f, Health Information Privacy Code 1994).
