



FEBRUARY 26 - 27, 2026 | THE TESS, AUTOGRAPH COLLECTION | ATLANTA, GA

# 2026 Executive Healthcare Labor & Employment Law Conference

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**FORDHARRISON**



**2026 EXECUTIVE HEALTHCARE LABOR & EMPLOYMENT LAW CONFERENCE**

# **Labor Relations & Crisis Management**

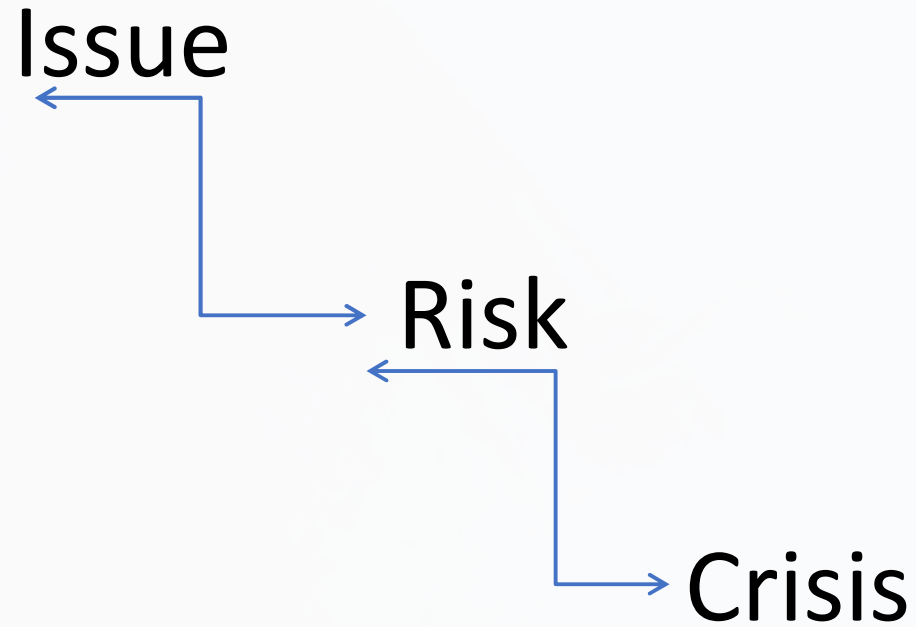
**Protecting and expanding trust, reputation, and loyalty**

**Aidan Ryan, Senior Vice President, Head of Issues + Crisis,  
We. Communications**

**Mark Floyd, Partner, FordHarrison LLP**

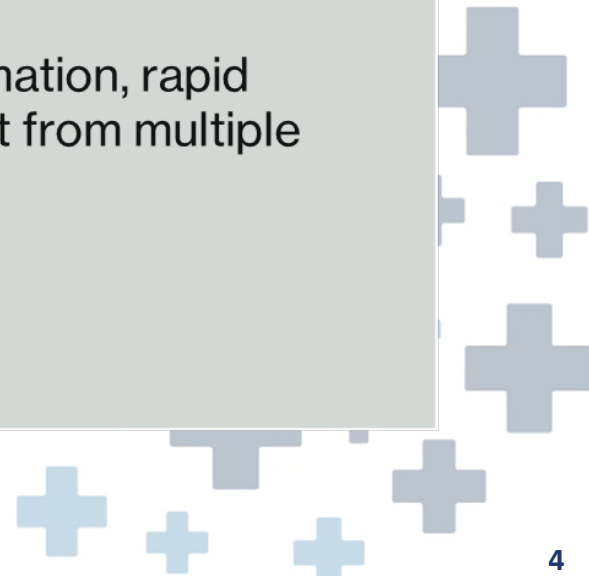


# Level Setting: What is a “Crisis”



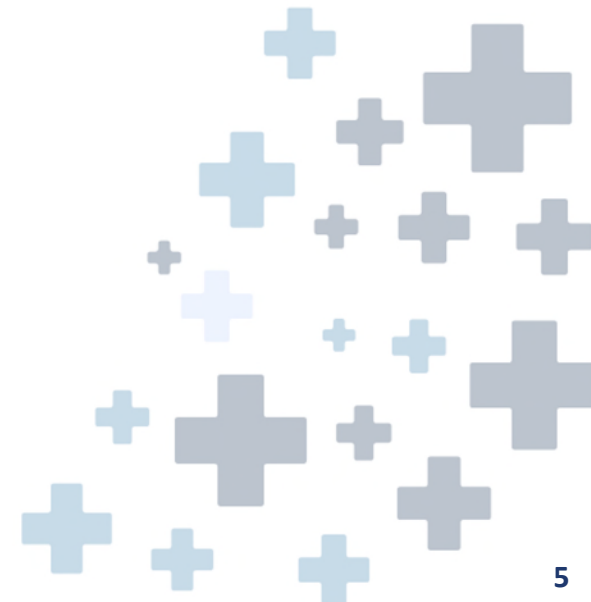
# Issue → Risk → Crisis

<p>Topic or circumstance</p> <p>of material significance</p> <p>internal/external stakeholders</p> <p>Hospital's operations, financial stability, strategic objectives, loyalty, or reputation</p>	<p>Topic or circumstance</p> <p>potential to evolve</p> <p>internal/external stakeholders</p> <p>Hospital's operations, financial stability, strategic objectives, loyalty, or reputation</p>	<p>Event or circumstance</p> <p>(1) immediate/real threat (operations, financial stability, strategic objectives, loyalty, or reputation)</p> <p>(2) requires strategic, coordinated, and often cross-functional /multi-layer response, and</p> <p>(3) characterized by limited information, rapid development, and targets/interest from multiple stakeholder groups.</p>
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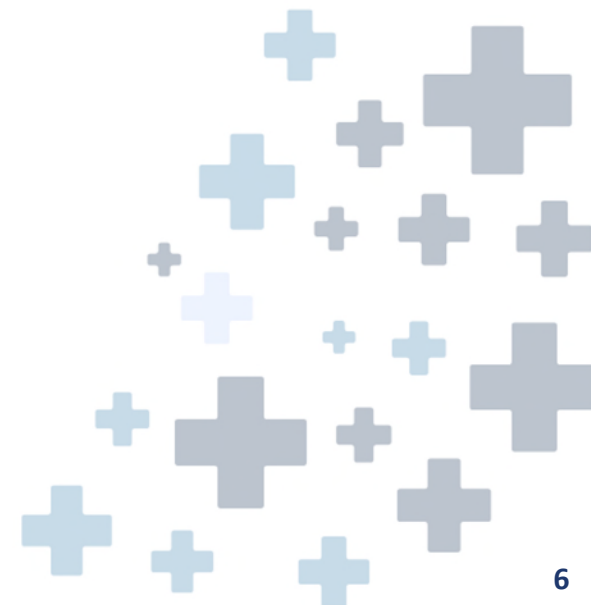
# Good To Have A (Good) Plan

- » Crisis management team
  - » Cross functional – support collaboration
  - » Decision makers (alternates) – need for fast decision-making
  - » Defined roles / clear ownership responsibilities
  - » Reporting expectations
  - » Escalation protocols
- » Goals/objectives
- » Risk assessments
- » Communication planning (platforms, reactive vs proactive, who, what, when, etc.)
- » Playbook
  - » Anticipate
  - » Scenario plans – muscle memory readiness
- » Monitoring
  - » Always on / defined triggering events (how do you know if you should worry)
  - » Reporting



# Good To Have A (Good) Plan

- » Identified issue
  - » Risk associated
  - » What can move it to crisis
  - » What would crisis look like
  - » Theme (what is our story)
  - » Data gathering (what are our facts)
  - » Internal / external stakeholders
    - » Our target / 3<sup>rd</sup> party target
    - » Priority of stakeholder to the issue
    - » Hot button / emotional risk
    - » Owner of stakeholder / message
    - » Proactive / reactive stakeholder



## Hospital Labor Environment

- The hospital employs 1,500 union represented nurses
- 8-months out upcoming negotiations for new contract
- It is one of several area hospitals in the same system but the only one with a unionized nursing workforce

## Operational and Staffing Challenges

- Staff turnover, shortages
- Service reductions strain hospital operations, increasing demand for flexible staffing solutions.

## Technology and Labor Tensions

- Emerging technologies like telemedicine and AI improve care but raise union concerns about staffing and quality.

## Political and Community Context

- A newly elected mayor
- Strong community ties
- High visibility

# Scenario: Acute-Care Hospital Labor Negotiations



# Table/Group Scenario Team Assignments

Tables 1, 2, and 3:	<b>Scenario 1</b>
Tables 4, 5, 6, and 7:	<b>Scenario 2</b>
Tables 8, 9, and 10:	<b>Scenario 3</b>

- Discuss and determine a plan of action
- How do you gauge the threat, who should you involve and what role, do you respond (proactive/reactive), who should do it, what is done/said
- One table will report out for each



# 3 Scenarios – What is your plan of action?

## #1: Viral Thread – ‘Profits Over Patients’

- Tweet/thread posted denouncing the hospital’s “Profits Over Patients” approach to healthcare
- Hospital intentionally understaffs nurses to maximize profits at risk of burn out, medical mistakes, access to care and the overall quality of care
- Hospital is refusing to negotiate over staffing levels that would guarantee access and high quality of care as well as the health and safety of the nurses
- Mayor office is calling
- Newspaper is calling - doing feature article
- Patient advocacy group is wanting a meeting with CEO

## #2: Strike Notice

- 10-day notice calling a 2-day strike
- 2-day strike doesn’t hurt patients but delivers a needed message
- Publicly challenging use contract replacement nurses as high risk to patients, untrained and unfamiliar with operations and patients
- Pay nurses what paying replacements- no strike or a staff shortage.
- Union represented nurses are reaching out to the non-union nurses at the other area system hospitals encouraging them to join the picket line in sympathy
- Patients are concerned about treatment
- Community leaders concerned about access
- Doctors worried about needed support
- Mayor office is calling
- Newspaper is calling

## #3: Post-Strike ‘Lockout’

- Hospital operates during the 2-day strike with use of outside contractors
- Requires a 10-day guarantee
- End of 2-day strike, the striking nurses barred from returning because of the contract replacements
- Union claims the hospital is locking out nurses ready and willing to come back to work – ready to care for patients and community, but the hospital is opting to continue to use less experienced, less trained contract nurses to punish the hospital’s regular nurses
- New picket line/new signs
- Working doctors/nurses concerned
- ULP filed
- Mayor office is calling
- Newspaper is calling

## Crisis Thresholds and Decision Rights

- Defining crisis thresholds and clarifying decision rights ahead prevents confusion during high-pressure situations.

## Balance Legal and Reputational Considerations

- Reputational risk and legal risk are both subordinate to business risk. Remember that legal considerations don't always trump communications imperatives. Shared perspectives and collaboration are key.

## Pre-Built Crisis Resources

- Pre-building facts, FAQs, staffing data, and metrics ensures quick access to accurate information during crises.

## Regular Drills and Training

- Conducting regular drills helps teams internalize crisis processes and builds leadership confidence.

## Focus on Values, Culture – Lead With Narrative.

- Patient safety and core values anchors communications internally and externally during crises.

# Key Takeaways





# Questions?



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