EXHIBIT 45

From: Magi Curtis < MCurtis@jarrardinc.com>

Sent: Friday, December 21, 2018 10:54 AM

To: Tim Stewart <tstewart@jarrardinc.com>; Courtney Williams

<cwilliams@jarrardinc.com>, Brittany Hunter <bhunter@jarrardinc.com>

Cc: David Green < DGreen@jarrardinc.com>

Subject: FW: Final core messages PRIVILEGED AND CONFIDENTIAL

Attach: Lighthouse plan FINAL.docx

FYI—attached is the final core messaging. Let's use this to do all of our materials (and check those already done against that).

I think Bret said on our latest call that the change here was that instead of saying that "we regret that this tragedy occurred..." we now say, "we are sorry that this tragedy occurred."

Magi Curtis

Jarrard Phillips Cate & Hancock, Inc.

From: Bret Gallaway <gallawab@trinity-health.org>

Sent: Friday, December 21, 2018 10:46 AM

To: Richard J. Gilfillan <Richard.Gilfillan@trinity-health.org>; Michael A. Slubowski <Mike.Slubowski@trinity-health.org>; Edward H. Lamb <Edward.Lamb@mchs.com>; Daniel J. Roth <Daniel.Roth@trinity-health.org>; Linda S. Ross <Linda.Ross@trinity-health.org>; Mary Ann Dillon <MaryAnn.Dillon@trinity-health.org>; Ed Hodge <Ed.Hodge@trinity-health.org>; Daniel Hackett <dhackett@mchs.com>; Mandi Murray <murraym@trinity-health.org>; Gay Landstrom <Gay.Landstrom@trinity-health.org>; Tammy Lundstrom <Tammy.Lundstrom@trinity-health.org>; Benjamin Carter <carterbe@trinity-health.org>; Michael Holper <holperm@trinity-health.org>; Brett Justice <bjustice@mchs.com>; Melissa Lander <Melissa.Lander@mchs.com>; Ruth A. Goodell <Ruth.Goodell@trinity-health.org>; Tauana McDonald <Tauana.McDonald@mchs.com>; Samantha K. Irons <Samantha.Irons@mchs.com>; Charles S. Marsh <Charles.Marsh@mchs.com>; Sally Jeffcoat <jeffcoas@trinity-health.org>; Mary A. LaFrancois <Mary.LaFrancois@mchs.com>; Larry Swanner <Iswanner@mchs.com>; Sean McKibben <smckibben@mchs.com>; Richard Streck <rstreck@mchs.com>

Cc: Magi Curtis < MCurtis@jarrardinc.com>; David Green < DGreen@jarrardinc.com>; Mark Weaver (mark@communicationscounsel.com) < mark@communicationscounsel.com>

Subject: FYI: Final core messages PRIVILEGED AND CONFIDENTIAL

Team-

Attached is the final Lighthouse communications plan, including related core messages. We will use this as the foundation for all communications messaging and tactics. We do not plan to change these core messages unless the related facts or circumstances change.

As a reminder, here is our process going forward:

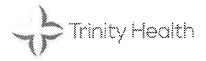
- * Melissa Lander is the keeper of the communications planning grid, including all related tactics. ALL communications -- even those that are not developed by the communications team -- should be on Melissa's grid.
- * All communication tactics need approval only from Linda Ross and me.

EXHIBIT

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Communications Plan and Playbook PRIVILEGED AND CONFIDENTIAL

Lighthouse

I. Background and Objectives

A recent investigation by Mount Carmel Health System indicated that a doctor who now no longer works here ordered fatal doses of medication for at least 24 patients who were receiving end-of-life care in the intensive care unit. The medication was administered by several individual intensive care unit nurses, and there were pharmacists who were aware, after the fact, of the doses used and did not report it in a timely fashion or at all. Mount Carmel reported the findings to appropriate authorities, and an investigation is under way.

Reactions to this improper care and Mount Carmel's related response will be signficant, and it will be important to manage internal and external communications appropriately. The plan below outlines communications aiming to:

- Act with integrity, transparency, compassion and dignity to all of those affected especially with with families of affected patients and with colleagues;
- Instill confidence among all audiences important to Mount Carmel and Trinity Health that we recognize the tragedy, are taking action and remain committed to people-centered care:
- Preserve the reputation of Mount Carmel and Trinity Health as high-quality health care institutions with colleagues who are deeply committed to mission-driven care;
- Partner with others to support Mount Carmel and Trinity Health during this challenging time; and
- Ensure clarity and discipline around the communications effort.

II. Strategy

- We are going to do the right thing for all involved, and that starts with communicating in a transparent way. We are notifying familes and taking immediate steps to ensure safe, high-quality care. We are being candid with our colleagues and the community about what happened and what we are doing to fix it.
- We will recognize that MCHS staff are outstanding professionals who are committed to safe, high-quality care, and we are proud to serve more than 1 million patients every year.
- We will have a clear message that refutes people who say, "The physician was just trying to alleviate acute suffering in the patients' last few minutes of life."
 - We will emphasize that our first commitment as medical professionals is to do no harm.

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- We've taken great care to ensure that our end-of-life care allows patients to die peacefuly, in dignity and comfort, without disrespecting the sanctity of life.
- Our position must be able to stand on its own, regardless of whether the county prosecutor's work results in any indictment(s).
- Our messaging must be directed more at these improper acts, and less at the actors.
 While we must clearly separate Mount Carmel from the doctor, nurses and pharmacists, we should not demonize them. We will not argue their intent; we will argue their actions.
- Beyond our messaging, it's important to show our internal and external communities that we're taking action. Let's obtain and utilize external validation of:
 - Our willingness to be transparent and learn from this; and
 - Our commitment to adding more safeguards and even better policies and protocols.

III. Key Messages

This issue centers on three core messages which are below, followed by more detailed fact points.

- 1. Mount Carmel reported to authorities the findings of our recent investigation that determined a doctor in our intensive care unit ordered fatal doses of pain medication for at least 24 patients who were receiving end-of-life care. These patients' families had requested that all life-saving measures be stopped. Following a directive from the doctor involved, several nurses administered medication, and pharmacists failed to report the excessive doses in a timely manner as they were required to do.
 - Although patients were already near death, it is likely the extra medication accelerated the time of death. Once we identified the issue, we took quick action to ensure our patients' safety going forward, including removing the involved clinical staff from providing further patient care.
- We are committed to transparency in sharing information about this tragedy and in doing the right thing. We quickly informed the appropriate authorities, and we are informing families of the patients who were affected. We are communicating with our colleagues and the rest of the Mount Carmel community to keep people apprised.
- 3. The acts of this doctor, along with the involved clinical staff, were a clear violation of how we care for patients at Mount Carmel. The doses ordered by the doctor went beyond providing comfort; the doses were fatal. We believe life is sacred, and these acts violate that belief.
- 4. We are sorry that this tragedy happened at Mount Carmel. Our staff are outstanding professionals who are committed to safe, high-quality care, and we are proud to serve more than 1 million patients every year. We're taking actions to ensure this never happens again at Mount Carmel or anywhere in our system. We removed the involved clinical staff from providing patient care, changed our procedures and are sharing our experience with other health providers to help them prevent this kind of tragedy.