Who’s the Boss?

Robert A. Weinstein, MD
Rush University Medical Center
Cook County Health & Hospitals System

Financial Disclosures

- I have no disclosures relevant to this presentation
Learning Objectives

- Distinguish the unique skills and expertise of the hospital epidemiologist
- Illustrate leadership challenges during a public health emergency and propose solutions to overcome these challenges
Topics

1. ICS drill-down
2. Assessment/identification of ICS gaps
3. Boss essentials
4. The art of persuasion
5. Communication skills
6. Practical suggestions

1. ICS Guidance—Starting at 30,000 Feet

Hospital Incident Management Team—10,000 Feet

Operations Section
- Branches
  - Air Ops Branch
  - Logistics Branch
- Divisions
  - Groups
  - Strike Team
  - Task Force
  - Single Resource

Planning Section
- Resources Unit
- Demol. Unit
- Situ. Unit
- Doc. Unit

Logistics Section
- Service Branch
- Support Branch
- Common Unit
- Supply Unit
- Medical Unit
- Facilities Unit
- Food Unit
- Ground Support Unit

Finance/Admin Section
- Time Unit
- Compensation Claims Unit
- Procurement Unit
- Cost Unit

ICS Organizational Chart and IAP—5,000 Feet

Command: Develops the overall incident objectives and strategy, approves resource orders and demobilization, and approves the IAP by signature

Operations: Assists with developing strategy and identifies, assigns, and supervises the resources needed to accomplish the incident objectives

Planning: Provides status reports, manages the planning process, and produces the IAP

Logistics: Orders resources and develops the transportation, communications, and medical plans

Finance/Admin: Develops cost analyses, ensures that the IAP is within the financial limits established by the incident commander, develops contracts, and pays for the resources
Delegation and Workflow Planning—
on the Ground

CDC. https://emergency.cdc.gov/cerc/resources/templates-tools.asp.

Delegation and Workflow Planning—
on the Ground

CDC. https://emergency.cdc.gov/cerc/resources/templates-tools.asp.
2. Boots on the Ground Survey

- SHEA Research Network members—2016
- 25 questions
- Response rate: 49/87 (56%)
- A number of gaps noted

Emerging Infection Preparedness Responsibilities (n = 49)

- Provide guidance to local healthcare facilities such as post-acute and long-term care facilities
- Report suspected or confirmed cases of infection to local public health department
- Treat patients with suspected emerging infections
- Train medical and nursing staff on emerging infections and infection control
- Train support staff on emerging infections and infection control
- Monitor infection-prevention policy implementation and adherence
- Monitor potential outbreaks of infection throughout the hospital
- Monitor global trends of emerging infections
- Develop plans to monitor healthcare workers and address occupational exposures to emerging pathogens
- Develop communications including reassurance for healthcare workers, patients, leadership, and your community regarding emerging infections during the event
- Develop algorithms to screen and assist in testing for emerging pathogens

- 18/49 (37%) provide regional guidance (e.g., to area NHs)
HICS Incident Commander for Serious Emerging Infections (Nominations) (n = 46)

- Hospital epidemiologist actual role: 46/48 (96%)—Medical/Technical Specialists

3. Boss Essentials—Peeling the Onion

- Types of leaders
- People reading
- Role models—emulate the best and avoid the rest
- Five key traits of good leaders
Eight Archetypes of Leadership

1. **Strategist:** Leadership as a game of chess
2. **Change-catalyst:** Leadership as a turnaround activity
3. **Transactor:** Leadership as deal-making
4. **Builder:** Leadership as an entrepreneurial activity
5. **Innovator:** Leadership as creative idea generation
6. **Processor:** Leadership as an exercise in efficiency
7. **Coach:** Leadership as a form of people development
8. **Communicator:** Leadership as stage management
Role Models

“The most difficult thing is the decision to act, the rest is merely tenacity…”

-Amelia Earhart

What Boss Type Will You Be Once You Decide to Act
The Faithful Approach

“God doesn’t call us to be successful, He calls us to be faithful.”
-Mother Teresa
The All-Knowing Approach
The Nurturing Approach
Many Political Approaches
Arm Twister
Intellectual

Deal Maker
Hands-On

“It’s not the creation of wealth that is wrong, but the love of money for its own sake.”

-Margaret Thatcher

“Iron Ladies”
“Always be more than you appear and never appear to be more than you are.”

-Angela Merkel

The Heavy-Handed Approach
vs “You can catch more flies with honey than with vinegar” (old aphorism)
Five Key Traits of Good Leaders

1. **Perfect your interpersonal skills**
   - Be curious, not judgmental
   - Make expectations clear
   - Choose your words carefully—be transparent and calm
   - Recognize ALL staff
   - **Remember the power of flattery**
   - **Apologize effectively**
     - Confession is not only good for the soul but also seems good for the pocketbook
     - Be sincere and timely
     - 3 key elements: acknowledge offense/fault, accept responsibility, express regret
     - When possible, explain what went wrong and any planned correction (at least say that it won’t happen again)

2. **Get over it**

3. **Make the best of your situation**
   - Display humility—don’t believe your own headlines
   - Try not to say “no” (e.g., volunteer discretionary effort)
   - **BUT** don’t complain about your workload
   - Remember that grass is rarely greener elsewhere

4. **Learn to be a mentor and get into the trenches**

5. **ACT—tenacity and perseverance; know when to end, on a positive note**
Get Into the Trenches

And other leaders should participate in their areas of expertise (i.e., lead from the front)

A Quick Leader Assessment

“If you want to know what a man’s like, take a good look at how he treats his inferiors, not his equals.”

-J.K. Rowling
4. Fundamental Principles of Persuasion

- People like those who like them
- Reciprocity
- Social proof
- Consistency
- Authority
- Scarcity

The Velvet Hammer

**In Global Negotiations, It’s All About Trust**

1. **When Trust Is Likely**
   - Assume trustworthiness
   - Get to know your counterpart personality
   - Try to be likable
   - Behave consistently and predictably

2. **When Trust Seems Possible**
   - Emphasize overarching goals
   - Focus on the issue, not on the people
   - Look to the future and find a shared vision

3. **When Trust Is Not Possible**
   - Make offers on several issues at the same time
   - Look for hidden patterns and cues in your counterpart’s offers and responses
   - Think holistically to

Persuader Role Models

[Image of Abraham Lincoln]

[Image of President Truman]
5. Communicating?

“My sole motive is to inform the public as to that which is done in their name and that which is done against them.”
-Edward Snowden

Inter-Facility Communication

- Local EOC, Health and Medical Services Branch, ESF #8 or Other Public Agency
- Regional Hospital Coordinating Center or Equivalent
- Individual Hospital Command Center
- Incident Commander
- Liaison Officer
- Medical/Technical Specialists
- Public Information Officer
- Safety Officer
- Other Hospitals
- Individual Hospital Board of Directors
- Agency Executive or Hospital CEO
- Local/Regional JIC
- Other Hospital PIOs
- Local Community Public Safety Agencies (i.e., law enforcement)
- Hospital Corporation or System EOC

Solid lines show fundamental relationships
Dashed lines show potential relationships

Great Communicator Role Models

They may not remember what you said, but they’ll never forget how you made them feel

-Maya Angelou
“Success is not final, failure is not fatal. It is the courage to continue that counts.”

-Winston Churchill

If You Are the Communicator: Make Concepts Impactful and Memorable?

- Use metaphors (e.g., best buggy whip)
- Use memorable phrases (e.g., Z-pack)
- Use metaphors and phrases that convey descriptive medical concepts (e.g., fecal patina, colonization pressure—tailor to audience!)
- Repetition is essential (i.e., repeat yourself)
- Include something new (e.g., science, policy) if you’re confident; otherwise, pick your nose (and the interview will be shelved)
Effective Communication Is Concise

- **Situation**
- **Background**
- **Assessment**
- **Recommendation**

Sometimes start with the BOTTOM LINE!

---

Sound Bites Must Fit More Into Less

1800 1900 1950 1975 1985 2005

Courtesy of Andreas Voss.
We Can’t All Be Cool Communicators

But We Can Be Truthful

The Most Essential Communication Lesson:
Discretion

*Don’t write anything you can phone.*
*Don’t phone anything you can talk.*
*Don’t talk anything you can whisper.*
*Don’t whisper anything you can smile.*
*Don’t smile anything you can nod.*
*Don’t nod anything you can wink.*

- Earl K. Long

*And watch those e-mails, Tweets…!*

- RAW
6. Finally, Practical Suggestions

- Most lawyers (and anyone who has seen “Legally Blonde”) know Aristotle’s famous phrase, “The law is reason free from passion”

  But how about outbreaks?

“Every outbreak is really three outbreaks—first an outbreak of cases, followed by an outbreak of fear, followed by an outbreak of meetings.”

-David J. Sencer, MD
Former Director, CDC
Making Sound Decisions:
The Four P’s of Infection Control Recommendations

1. **Plausible biologically** (e.g., does it likely work?)
2. **Practical** (e.g., cost-effective, who pays?)
3. **Politically acceptable** (e.g., public and official support?)
4. **Personnel** (e.g., can/will they cooperate?)

Eight P’s for Determining Investigation Priority

1. **Patient population** (e.g., a transplant unit)
2. **Pathogen** (e.g., nosocomial GAS, Ebola, Zika)
3. **Potential for epidemic** (e.g., varicella, pandemic flu)
4. **Problematic** (e.g., MERS, CRE, MDR-TB)
5. **Politically charged** (e.g., vaccine-preventable diseases, Legionella)
6. **Personnel available** (e.g., delegate or task force)
7. **Publishable**
8. **Punishable**
Ten Meeting Rules

1. Most/many meetings are unnecessary; “meetings are an effective tool for inept people to look extremely busy” (HBR)—exception: during outbreaks, brief AM and PM status meetings are key

2. Always start meetings on time

3. Always keep minutes for important meetings and send a follow-up memo or e-mail summarizing for less important meetings

4. Always set the agenda at the start of the meeting and follow the agenda; consider using “timer” approach

5. Discuss the most important agenda items first (exceptions); try to have key decisions “wired”

Ten Meeting Rules (cont.)

6. Never exceed the allotted time of the meeting; good and often best to end a meeting early

7. Remind people who make outrageous or obstructionist comments that their comments will be noted in the meeting minutes

8. Remember that it’s OK to vote no when everyone else votes yes

9. Remember that a good chair actively “runs” the meeting

10. At end of meeting, go around the table so each attendee can state her/his “to-do list”; the point of most meetings is to make a decision or devise a plan that solves a problem, and such plans should then be documented for posterity
Take-Home Messages

- Insist, persist, persevere
- Be discrete
- Practice sound decision making
- Consider regional needs
- Model the best; avoid the rest

Additional Resources

- HICS. California Emergency Medical Services Authority. www.emsa.ca.gov/disaster_medical_services_division_hospital_incident_command_system_resources
- Discprofile. www.discprofile.com