Who’s the Boss?

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- I have no disclosures relevant to this presentation.
Who’s the Boss?
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

https://www.osha.gov/SLTC/etools/ics/what_is_ics.html
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.

**Incident Commander**

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

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

**Logistics Section**
Logistics: Orders resources and develops the Transportation, Communications, and Medical Plans.

**Finance/Admin. Section**
Finance/Admin: Develops costs analyses, ensures that the IAP is within the financial limits established by the IC, develops contracts, and pays for the resources.

[https://training.fema.gov/emiweb/is/icsresource/index.htm](https://training.fema.gov/emiweb/is/icsresource/index.htm)
Delegation and Workflow Planning—On The Ground

### Staffing Planning Worksheet

Use this worksheet to plan your staffing for the Functional Team members needed for your emergency communication response. Don’t forget to consider individuals from some such as State/County/Local Health Department, partners, volunteers, contractors, and other government agencies.

**Site Name:**

**Date:**

<table>
<thead>
<tr>
<th>Team / Function</th>
<th>Qualifications/Skills Needed</th>
<th># of Staff Needed</th>
<th>Potential Staff Member (Contact Information)</th>
<th>Training Needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership (Command and Control)</td>
<td>• Decision-making authority</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management skills</td>
<td>• Spokesperson skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Content and Clearance</td>
<td>• Senior Science Officer</td>
<td></td>
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<td></td>
<td>• Senior Administrative Officer</td>
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<tr>
<td></td>
<td>• Senior Communications Officer</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Message Development</td>
<td></td>
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</tbody>
</table>

[https://emergency.cdc.gov/cerc/resources/templates-tools.asp](https://emergency.cdc.gov/cerc/resources/templates-tools.asp)
Delegation and Workflow Planning—On The Ground

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)

- 18/49 (37%) provide regional guidance, e.g., to area nursing homes

- Provide guidance to local health care 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
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 & 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

*Harvard Business Review, Dec 2013*
And Be Realistic About Your Strengths
DiSC Profile. https://discprofile.com
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
“Iron Ladies”

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

-Margaret Thatcher
“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)
Five Key Traits (cont’d)

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 & 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)

Detsky & Gropper, Ann Intern Med 2016; 165(7):519-520
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**

<table>
<thead>
<tr>
<th>CULTURE by Brian Gunia, Jeanne Brett, and Amit Nandkeolyar</th>
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**In Global Negotiations, It’s All About Trust**

It’s no secret that negotiations are more fruitful when parties freely share information about their interests and goals. But that requires trust, which may be in short supply at the bargaining table. This appears to be true especially in Asian countries, including India and Japan, and in negotiations involving parties from different cultures.

Having extensively researched cross-cultural negotiations—in Jeanne Brett’s case, for 15 years—we’ve developed guidelines that can help optimize outcomes whatever the level of trust. Negotiators should first assess how much they already trust or distrust the other party, and vice versa.

<table>
<thead>
<tr>
<th>When Trust Is Likely</th>
<th>When Trust Seems Possible</th>
<th>When Trust Is Not Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assume trustworthiness</td>
<td>Emphasize overarching goals</td>
<td>Make offers on several issues at the same time</td>
</tr>
<tr>
<td>Get to know your counterpart personally</td>
<td>Focus on the issue, not on the people</td>
<td>Look for hidden patterns and cues in your counterpart’s offers and responses</td>
</tr>
<tr>
<td>Try to be likable</td>
<td>Look to the future and find a shared vision</td>
<td>Think holistically to gain insight into...</td>
</tr>
<tr>
<td>Behave consistently and predictably</td>
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</tbody>
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*Harvard Business Review, Dec 2012*
Persuader Role Models
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

Solid lines show fundamental relationships
Dashed lines show potential relationships

Local EOC, Health and Medical Services Branch, ESF #8 or other public agency or community resources (e.g., MMRS, MRC, etc.), and MACS

Regional Hospital Coordinating Center or equivalent

Other Hospitals

Individual Hospital Board of Directors

Hospital Corporation or System EOC

Individual Hospital Command Center

Agency Executive or Hospital CEO

Local/Regional JIC

Other Hospital PIOs

Local Community Public Safety Agencies (i.e., law enforcement)

Incident Commander

Liaison Officer

Public Information Officer

Medical/Technical Specialists

Safety Officer

Great Communicator Role Models
“If you are always trying to be normal, you will never know how amazing you can be.”

-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 (eg, best buggy whip)
- Use memorable phrases (eg, Z-pack)
- Use metaphors and phrases that convey descriptive medical concepts (eg, fecal patina, colonization pressure—tailor to audience!)
- Repetition is essential (ie, repeat yourself)
- Include something new (eg, 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  1950  1950  1985  2005
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 emails, Tweets....!
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 (eg, does it likely work?)
2. **Practical** (eg, cost-effective, who pays?)
3. **Politically** acceptable (eg, public and official support?)
4. **Personnel** (eg, can/will they cooperate?)
Eight P’s for Determining Investigation Priority

1. Patient population (eg, a transplant unit)
2. Pathogen (eg, nosocomial GAS, Ebola, Zika)
3. Potential for epidemic (eg, varicella, pandemic flu)
4. Problematic (eg, MERS, CRE, MDR-TB)
5. Politically charged (eg, vaccine-preventable diseases, Legionella)
6. Personnel available (eg, 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”

Sexton D; RAW’s; Harvard Business Review.
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