## Leadership Lessons from the Frontlines – Best Practices for Managing the Pandemic

Leadership Lessons for Managing Your [Mission, People, and Self] During this Crisis

There are frequent calls to action for our response to the coronavirus pandemic to be like a war. *If we are to move to war footing, we should look to those who have had to manage people in wars to understand their lessons learned and apply them to our hospitals and healthcare infrastructure*, overwhelmed by casualties already in early phases of this pandemic.

This list of management methods draws heavily from military expertise and war-time footings that have discovered some best practices in managing traumatic or crisis situations. They place a heavy emphasis on resiliency and decision-making that allow people to walk away ready to fight another day.

## 1. MISSION:

- a. Prioritize your Mission and Protect Your People.
  - i. Identify your Mission, Mission Success, and Rules of Engagement. Explain the problem and staff's role in solving the problem, what success will look like and be measured by, and parameters for operations. Be accountable to these decisions. Especially in this pandemic, where few crisis teams have been created and most people are still responsible for day-to-day requirements in addition to the crisis, it is critical to choose your mission essential priorities and focus on those with a plan to stay afloat but not necessarily achieve lesser goals.
  - ii. Set up a central communications node to ensure that information is obtained broadly and disseminated appropriately. Clear communication saves time and effort for everyone.
  - iii. Push back on extraneous demands politely and with your rationale. Be okay with making people upset. This will mitigate extraneous demands/tasks to your front-line workers, allowing them to focus on the primary goal.
  - iv. Be Authentic This is important all the time, but in crises, it is imperative to be a source of reliable information. People in anxiety or worried states need to know that they can trust their management, even if your answer or message is "we don't know yet." This goes back to the issue of overcommunication providing feedback on what guidance you are taking into account, what information you are awaiting, when they might expect an answer can help employees feel like they have agency to make their own decisions as well.
- b. Plan for a LONG WAR from Day 1. It will take months to get through and then recover from.
  - Have a marathon Staffing plan. When moving to shifts ensure that you have coverage in the broadest sense, but not every specialization. That decision will be made based on urgency of care and authorities.
    - 1. Delegate authorities to the lowest decision-making rung to ensure coverage at all times. Use the time to manage your talent and use your pipeline to advance talented staff into leadership positions.
    - 2. Redirect resources that are otherwise used for non-urgent care to the most urgent tasks, if the resources can be appropriately used that way. In early stages, doubling up may help people learn on the job and refresh training to apply it later in the fight independently, in effect, expanding your workforce.

## ii. Be Prepared to make TOUGH DECISIONS that will INCUR LOSSES.

This is a damned if you do, damned if you don't situation – I'm sorry, it's a truly terrible position to be in.

In the healthcare world, a doctor/nurse that is on the front line but is only at 75% is making one out of every four decisions wrong. If they are actively doing harm by operating at a lower threshold, they need to be benched and actively do good with each move when they are at full capacity.

- 1. Enforce and Empower hospital staff to check in with themselves and provide honest assessments of their capabilities.
- 2. Work with your PR people to manage the response and explain the rationale. People are very willing to listen to rationales if provided in a clear and concise way that is understandable to them.
- 3. Use our checklist to figure out what common triggers look like and how to intervene with appropriate measures.
- c. Seek Help Early from Counterparts with Greater Bandwidth
  - i. If possible, pre-stage and pre-order any logistical equipment you will need. I will not belabor this point, we've already passed this point for NYC hospitals, but others might learn from this situation and begin preparations.
  - ii. Find Adjacent Industries and Build strong Partner Relationships. For example, know how you will mobilize transport links to support patient movement or housing companies that can quickly activate housing solutions for staff to protect their families.
  - iii. Push non-urgent tasks to people with greater bandwidth. In a war, we push our administrative or non-urgent coordination requirements up to a main HQS. In the case of dispersed hospitals, consider sending non-urgent cases to other health centers.
- 2. PEOPLE: Always take care of your People they will get your Mission done.

This should be obvious, but if your people aren't taken care of, they can't execute your mission – in this case save other people's lives. This is especially true for long wars.

- a. Get Enough Sleep Sleep is critical to human functioning. You already know this. When you operate without it or less of it than you need, you will make mistakes. Your staff literally handles lives there is no room for error. Make sure they (and you) get enough sleep, even if that means that some patients will go uncared for. That is a lesser evil than doing harm by getting it wrong because they are sleep-deprived.
- b. Get Nourishing Food Make healthy snacks readily available and pervasive. Nourishing our bodies is as critical as sleep to ensuring that we are functioning physically and cognitively at a level where we can make life/death decisions. Snacks and meals that are healthy, tasty, and easily available are important. Ones that require a minute or two like mixing yogurt might help your staff also pause and regroup before moving on to the next urgent task.
- c. Check in with Your Staff on a Real Level This means knowing what they are going through and what is worrying them. Figure out how to fix it or empower them to fix it. In many cases they will feel torn about trying to do what they can to help people v. helping themselves. They may also struggle with the risks

they are taking and how to mitigate them. But knowing that they are even heard goes a long way in building morale, which is critical to mitigating burnout.

- d. Take Care of Families (where you can) Families are what ground us. Especially for hospital staff during a pandemic, the fear of taking a disease back home to loved ones can be debilitating and frustrating. See if you can get protective measures in place for families, find on-site quarters for staff instead of them going home, or forward-deploy sanitation equipment for homes.
- e. Over-Communicate Uncertain times, like long wars, make decision-making difficult. Decisions need information in order to be made. The more informed people are the more they can support decisions or take actions that factor in the various streams of information. In addition, people feel more secure that they have the information they need if you overcommunicate to them. Do it in a way that is not overwhelming consolidate information where possible, use the same format for messages if possible (to help people navigate to the most relevant parts for them), etc.
- f. Include Everyone The business case for inclusion has already been made. In crisis situations, there is enough stress to create new ideas and ways of doing things. If you do not include everyone, you will lose out on innovation that could make the difference in how you do business to achieve your mission. In a crisis, you don't have the bandwidth or time to miss an opportunity. Communicate to every single person on staff at the hospital -from janitorial staff to administrators and their families. You don't know where innovation will come from and external viewers often have a broader perspective and more time than those on the front-line. Allow for them to try new things and to push up best practices for adoption across the system.
- 3. SELF: You have to be present to Lead, and that means Leading by Example that you Want Staff to Follow, including self-care.

Taking care of yourself ensures that you can ask others to do the same while also establishing a baseline of resiliency to help you survive the long war.

- a. Take care of your sleep, food, and health: similar to your staff physical health is the basis for energy. For the grind that you will be undergoing, this is critical to longevity.
- b. Process your Emotions: Sit with your grief for what's been lost and will be lost and acknowledge it as a tragedy that you can only control to a certain degree. Taking time to process your own feelings will help you support your staff as they bring their challenges to you.
- c. Engage yourself mentally with something outside of work: Maybe you want to read a book for pleasure or take a walk and photograph birds. Perhaps you work on a puzzle or a crossword. The goal is to step away from the day-to-day reading and let your mind rest. Meditation or a few minutes of calming are also great tools to deploy for your self-care.
- d. Pause to reflect and recover: this can include indulgences like a bath or giving yourself a manicure, but also writing in a gratitude journal or notes to express your appreciation for others. It might mean thinking through how your perceptions have changed or what matters to you has changed.
- e. Use our Wellness Check-in Sheet to determine where you might need to level-up your resiliency activities.

- 4. GOING FORWARD: Review, Innovate, Iterate, Restore, Rejuvenate
  - a. During the crisis, continuously evaluate and make adjustments. This goes to making feedback part of decision making and using new innovative ideas that are implemented in different parts of your system and applying them more broadly if they make you more efficient or effective.
  - b. After the Crisis, review what was done, how it was done, best practices that were implemented and worked, and lessons learned. Knowledge management in an accessible, digestible format allows for future situations to be moments of build-on learning and manage a crisis more quickly the next time around.
  - c. Take time to reflect, support people as they come off from the crisis situation. Recovering from a crisis situation can be even more difficult than ramping up to respond to one. In many cases you will have people who thrive in the crisis situation and find a sudden lack of purpose, direction, or excitement after. You may also have those who have held together the entire time but can finally release and crash. Taking time to help them process the experience and giving them time to recover (see below) can help to move on faster and prepare for the next situation.
  - d. Allow for recovery time. Give your staff and employees time to step back and recover by taking time off, doing things that help them recover see our recovery strategies and stepping away from the place that might have traumatic associated memories. Giving people time to spend with family without fear of infection or stress of work coming home can help establish new routines and rituals that can be used as the basis for resiliency during the next situation.

All situations are different, so flexibility and optimistic or survival mindset are invaluable for leaders in crisis situations. These baseline best practices can help move a team through a crisis more intact, with a continued talent pipeline and teams that feel more fulfilled in their performance.

Be safe, be healthy, be wise.

Nextpat, Ltd. Focuses on transition coaching with a basis in wellness and resiliency. Priya Jindal, the founder, of Nextpat has served in government for 10 years, with experiences in wars, kidnappings, and refugee crises due to terrorism or drought. This product was derived based on experiences of her organization, her clients, and reviewed by military leaders throughout the services to include their input and thoughts based on their leadership experiences in crisis situations.