PERSPECTIVE

Twelve Lessons on Hospital Leadership during COVID-19 Pandemic

Seyed Farshad Allameh, MD[1, 2]; Nasim Khajavirad, MD[1, 2]; Ali Labaf, MD[1, 3]; Azim Mirzazadeh, MD[1, 2]; Khosro Sadeghniiat-Haghighi, MD[1, 4]; SM Javad Mortazavi, MD[1, 5]; Ali Jafarian, MD[1, 6]

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Abstract

Coronavirus pandemic has been announced by World Health Organization Director General on March 11th, 2020. Imam Khomeini Hospital Complex, affiliated to Tehran University of Medical Sciences, was one the first referral hospitals in the capital city of Tehran, I.R.Iran that entered the crisis and started a serious battle with the disease. The hospital had to change many routine operations to cope with the situation and during this journey, we used published leadership principles and reached to some new experiences. As this is probably the most severe health-related crisis in Iran in the past 100 years, we gathered our lessons learned in the first fifty days of epidemic from the leadership point of view to share those with all colleagues worldwide. We know that leadership is of pivotal role in such a massive crisis and focused leadership experiences can help health care providers to manage the crisis while we are in the middle of it.

Level of evidence: IV-V

Keywords: Hospital, Leadership, Pandemic

Coronavirus pandemic was announced by WHO Director-General on March 11th, 2020. Before that, it was epidemic in a few countries including South Korea, Iran and Italy after China. China announced the emergence of new coronavirus on January 1st, 2020, with a rapid spread in Wuhan city, Hubei province. The first PCR-positive case was announced in Iran on February 19th, and we admitted our first case on February 21st in Imam Khomeini Hospital Complex; a complex with 1200 beds, affiliated to Tehran University of Medical Sciences (TUMS), Tehran, I.R. Iran. TUMS owns 14 general and subspecialty hospitals with a total bed number of 5000. After the official announcement of coronavirus in media, we were faced with a crowd of outpatient referral to our hospital that made us build up an outdoor triage rapidly and a respiratory clinic in a dedicated area finally covered by five lines of residents and staff of Infectious disease, internal medicine, emergency medicine, and other departments' residents and staff. We had to change our hospital setting to admit more and more COVID-19 patients, so the routine function of the hospital was decreased to minimal except for the emergency services while the elective admissions were stopped. We reached to a total number of 770 outpatients visit in day seven, 70 new admissions in day 19, entering 10 adapted Corona wards. Now, after two months of the rapid spread of the disease, many hospitals are involved in COVID-19 inpatients care in Tehran, and the trends look downwards.

In the first week of the outbreak in Tehran and after encountering a crowd of patients, new problems raised everyday ranging from physical flow of patients to shortage of ICU beds and human resource balance. The hospital administration started to cope with the situation by forming a Crisis Management Committee including all major stakeholders including senior chief faculties of different disciplines. A Technical Support Team comprised of 5 attending staff to gather data, make information, propose plans and monitor the outcome of decisions for each problem. Here we are going to share the lessons we learned during the six passed weeks from

Corresponding Author: Ali Jafarian, Imam Khomeini Hospital Complex, Tehran University of medical Sciences, Tehran, Iran; Department of General Surgery, School of Medicine, Tehran University of medical Sciences, Tehran, Iran
Email: Jafarian@tums.ac.ir

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the start of the crisis from the leadership point of view.

Looking to past experiences

There are plenty of useful resources such as published materials about situations that may or may not be applicable in similar events. One should first refer to those documented experiences and choose what recommendations may be of use in a new situation. We did so and found very good guidance from 2 papers, which helped us in figuring out the whole picture of the changes we need to implement rapidly to cope with the crisis (1, 2).

Continuous Learning

Problems and challenges in crises with such a global scope are new to all of us, so we need to learn day by day (3). For this learning, we need accurate and updated information every day and a group of wise hands-on staff not engaged in clinical care to work on. There were several new findings in different aspects of the pandemic from testing to treatment during the past three months. Our leaders have to learn from those and step forward. One idea at the university level was to activate a renovated hospital with borrowing staff from the others. In only one week, we learned that it was a wrong plan and stopped it.

Timely decision making

Decisions should be made in a time frame of hours. Making perfect decisions means no-decision. We were faced with 500 outpatient visits a day and more than 60 new inpatient admissions without any established setup, considering the contagious nature of the disease and risks for caregivers. You may not have enough time to arrange all settings and provide all equipment.

Daily interaction with the frontliners

The crisis is a dynamic and rapidly changing process (3). To lead it in a better way, we had to take as much input as we could from the frontline and respond appropriately. We changed our outpatient emergency respiratory clinic setting three times in ten days with an increased number of patients to 800 in 24 hours as our first plan could not fit the needs.

Participatory leadership

Participatory leadership is a mandate, not an option in such a big crisis. How could we make a general surgeon or otolaryngologist to visit COVID-19 patients without their enthusiasm? Without the participation of all staff and especially senior ones, we could not engage them with enthusiasm and interest. For such participation, the leaders should have heared the feedbacks and discuss different aspects of the job with all stakeholders in a group or bilateral meetings (4).

Effective Communication

Communication is a milestone in crisis. Without effective communication, we cannot keep our colleagues informed of what is going on. In our hospital, we had a daily meeting for the first 30 days of epidemics with all major stakeholders around the table, doing personal protection, of course. A daily report of the hospital activities and general information about the condition in Tehran and the whole country were shared in those meetings. New plans like opening a new COVID-19 floor or expanding ICU wards were announced. Informal ways such as WhatsApp groups are more effective and mandatory to keep the pace of communications and exchanges.

Delegation

Delegation of jobs and works is the only way to avoid fatigue and inefficiency of the crisis management team. No one can manage all aspects in detail and make the best decisions on his own in this situation. In the first week of the epidemic, we assigned different staff for outpatient clinics, inpatient treatment supervision, infection control, and many other jobs. Clarification of different tasks, and determining who is in charge of each task, makes the leader confident for the accomplishment of the jobs.

Professionalism based on values

Emphasizing on values and protecting morale of all staff is one of the duties of the leaders. The value of saving lives in a crisis, no matter what is our specialties or academic degrees, is the milestone of the practice of medicine and professionalism (5). All efforts should be made to reinforce this essence in the hospital. At the same time, you need to support the staff on daily hard work and keep them vital. You may provide a refreshment package or a hotel for rest after night shifts for doctors and nurses and provide donated foods for workers and personnel. In our experience, all of these measures were applied and made good feedbacks as observed by external inspectors.

Final Decision Maker

The top leader should have the power to make the final decision when all discussions are done. Which building should be evacuated for expansion of COVID-19 floors? Which group of staff has to visit COVID-19 patients? How should residents of other disciplines help for the massive outpatient clinic? And so on. Some of these decisions may be in contrast to academic routines, but necessary in a crisis.

Managing Conflicts

Managing the conflicts is another important issue during the crisis (6, 7). When a resident does not show up in his shift or is worried about the Personal Protective Equipment (PPE) they need, one official should intervene to solve the conflict. Many conflicts arise in a crisis like COVID-19 pandemic having hard work tension, worries on personal and family health and community stress. You may need to take an hour to convince a senior staff why the hospital policy for PPE is the WHO protocol and not others, and you may fail and need some help.

Considering All

Nobody should feel a sense of discrimination. The leaders should behave in a manner that the doorman,

ICU nurse, and Emergency Medicine resident visiting patients in the respiratory emergency room all feel they are protected and supported according to the protocols and nobody has any additional privilege. Especially for a crisis like a viral pandemic that giving service is accompanied by high and serious risk for caregivers and even being in the hospital is considered as a risk, all personnel should be confident to their leaders as wise and just. It is not an easy task of course, because of distrust that may happen between the leadership and the frontline staff.

Team of Leaders

Finally, a team of leaders is needed for a large hospital like ours because no one can manage all the tasks mentioned above correctly on his own. A great team of attending physicians and surgeons was formed early in the course of the crisis to support the hospital officials in this huge work which is continued.

The above-mentioned principles made IKHC one of the most successful Corona centers in the country. Figure 1 shows the number of patients visited on daily basis at our respiratory triage up to april10th, 2020. Figure 2

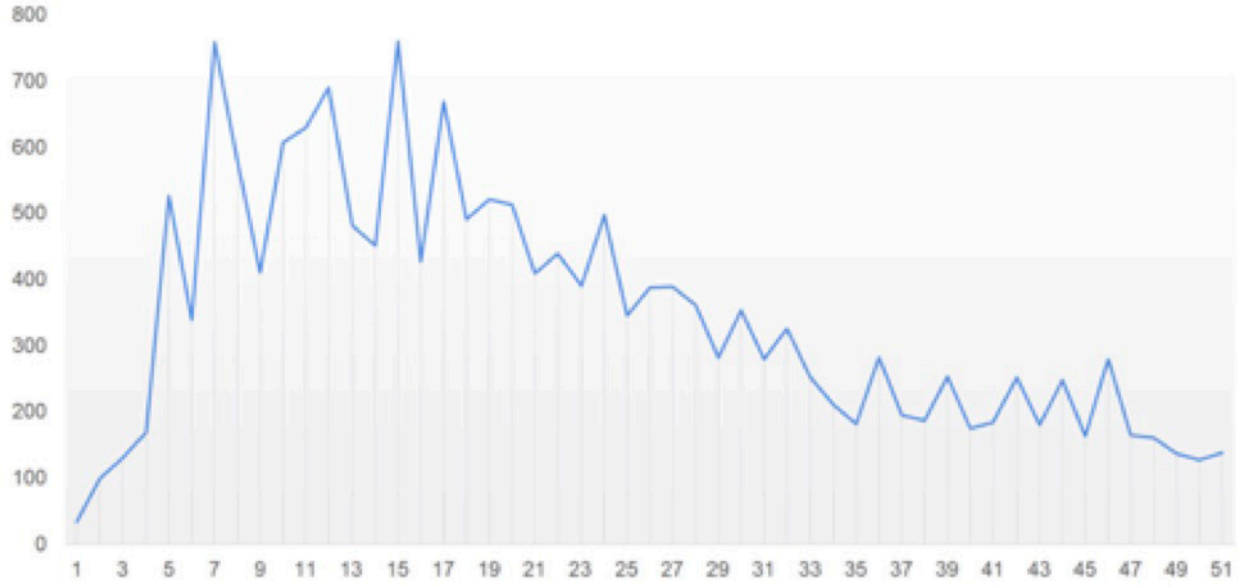

Figure 1. Number of outpatient respiratory triage visit in 51 days from the start of epidemic (from 20 February 2019 to 10 April 2020).

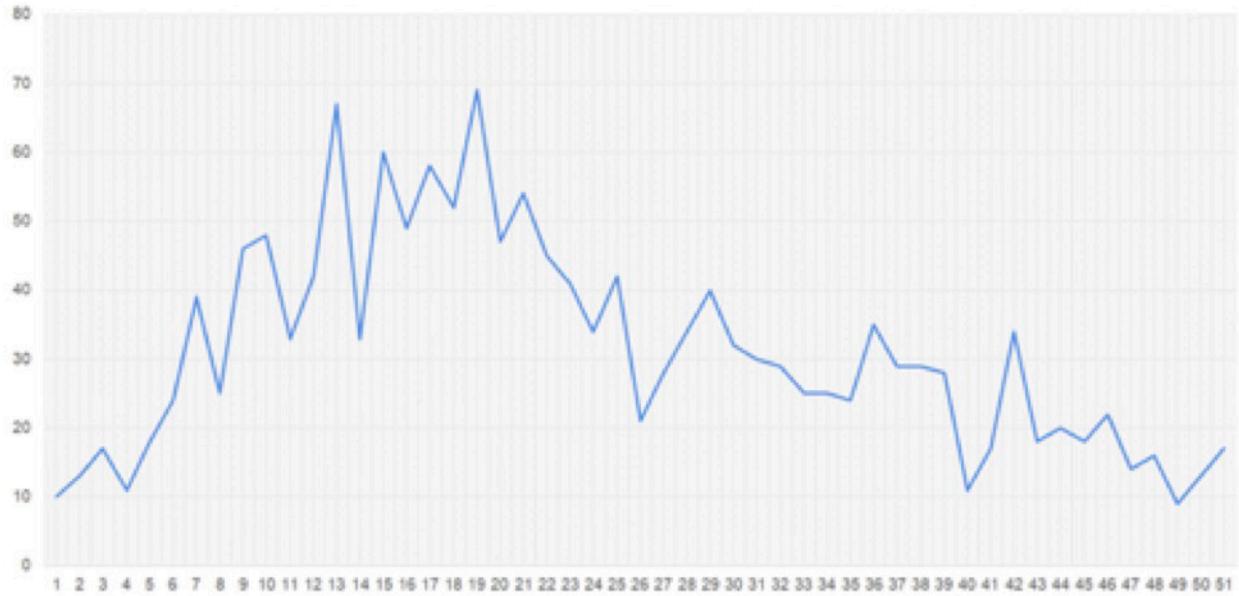

Figure 2. Number of daily new COVID-19 admissions in 51 days from the start of epidemic (from 20 February 2019 to 10 April 2020).

shows daily admission of COVID-19. The total number of admitted patients touched 300 in April 10th, 2020. During this time, IKHC allocated 331 floor beds and 18 emergency beds to COVID-19 patients. The Number of allotted ICU beds was increased form 25 beds to 98. IKHC laboratory started PCR testing with 50 tests per day and increased to more than 150 tests per day. These numbers shows the ability of hospital for capacity building in massive crises.

COVID-19 pandemic is rapidly spreading around the world and maybe the most severe health-related crisis in the past 100 years. We do not know how and when this pandemic is going to be over and what we are doing in the course of events is the best practice or not; however, we know that leadership is of pivotal role in such a massive crisis as we see its effects in all aspects of the pandemic throughout the world.

Seyed Farshad Allameh MD[1, 2]
Nasim Khajavirad MD[1, 2]
Ali Labaf MD[1, 3]
Azim Mirzazadeh MD[1, 2]
Khosro Sadeghniiat-Haghighi MD[1, 4]
SM Javad Mortazavi MD[1, 5]
Ali Jafarian MD[1, 6]
1 Imam Khomeini Hospital Complex, Tehran University of Medical Sciences, Tehran, Iran
2 Department of Internal Medicine, School of Medicine, Tehran University of Medical Sciences, Tehran, Iran
3 Department of Emergency Medicine, School of Medicine, Tehran University of Medical Sciences, Tehran, Iran
4 Occupational Sleep Research Center, Tehran University of Medical Sciences, Tehran, Iran
5 Department of Orthopedics, School of Medicine, Tehran University of Medical Sciences, Tehran, Iran
6 Department of General Surgery, School of Medicine, Tehran University of Medical Sciences, Tehran, Iran

References

1. Tsai MC, Arnold JL, Chuang CC, Chi CH, Liu CC, Yang YJ. Implementation of the hospital emergency incident command system during an outbreak of severe acute respiratory syndrome (SARS) at a hospital in Taiwan, ROC. J Emerg Med. 2005; 28(2):185-96.
2. Hawryluck L, Lapinsky SE, Stewart TE. Clinical review: SARS-lessons in disaster management. Critical Care. 2005; 9(4):384-9.
3. Heifetz RA, Laurie DL. The work of leadership. Harv Bus Rev. 1997; 75(1):124-34.
4. Bland CJ, Starnaman S, Hembroff L, Perlstadt H, Henry R, Richards R. Leadership behaviors for successful university-community collaborations to change curricula. Acad Med. 1999; 74(11):1227-37.
5. Pendleton D, King J. Values and leadership. BMJ. 2002; 325(7376):1352-5.
6. Fisher R, Ury WL, Patton B. Getting to yes: negotiating agreement without giving in. London: Penguin; 2011.
7. Ury W. Getting past no: negotiating in difficult situations. New York: Bantam; 2007.