



## **RESPONDING TO COVID – 19**

### **Best Practices for An Effective Response: Creating a Crisis Action Center**



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## **Best Practices for An Effective Response: Creating a Crisis Action Center**

*Boe Young is a retired Army Major General with deep experience leading large organizations through natural disasters and in sustained combat operations. As Galloway's COO, he tailors that experience to help healthcare organizations succeed. Here are his thoughts on responding to COVID-19.*

### **Q: From your experience, what actions should leadership be focused on right now?**

BOE YOUNG, Galloway COO: The C-19 crisis will potentially affect health systems for months. Most systems have an Emergency Operations Center (EOC), but it is likely not optimized for longer-term crisis operation. Nor is it designed to look ahead and plan for what's beyond the short-term horizon.

Most EOCs were created to handle a different kind of crisis – a natural disaster or mass casualty. The same is true for C-suite dynamics. The difference with this crisis is the length of time your operation will be engaged; the amount of forward-looking analysis that needs to happen; and the need to fuse the forward planning with your current operations to accelerate your recovery.

Most EOCs are simply not organized to do this. To respond to C-19 effectively – today and tomorrow – EOCs need to transform to what we call a Crisis Action Center (CAC).

### **Q: What are the elements of success in forming a CAC?**

BOE YOUNG: There are five core practices needed for a high-performing CAC:

- a sustainable structure
- routine and predictable systems designed for longer-term engagement
- a thoughtful staffing plan with appropriate training
- C-suite engagement
- a comprehensive communication strategy

### **Q: Let's take structure. How should the Crisis Action Center be organized in order to sustain operations for weeks and maybe months?**

BOE YOUNG: Start by separating current operations from future operations. The CAC should establish a **Current Operations** section – something reasonably close to what most EOCs look like today. It should be cross-disciplined and have at its core the following members: operations, finance, supply chain, legal, patient advocates, data analysis, media/press, MIS and human capital.

To succeed, the Current Operations section should follow a routine daily business cadence. There should be common meetings with standard briefing decks and metrics. The focus here is on tracking patients, ensuring proper supplies to support the front-line providers, maintenance of the network infrastructure, short-term cash forecasting, and accurate messaging to the press, employees and family. You want one source of truth.

The Current Operations Section should ensure that each shift begins with a simple, focused stand-up meeting to establish priorities and a daily level-setting of key tasks so that there is shared awareness across the entire team.

### **Q: How are future operations handled?**

BOE YOUNG: The CAC should also oversee a **Future Operations** section. This group is most likely led by the Chief Strategy Officer or an executive skilled in scanning the horizon and moving between strategy and operations. This group is smaller than the Current Operations team and is focused outward, usually thinking two to three weeks ahead of Current Operations.

Where Current Operations runs 24/7, Future Operations is more likely a single shift. It ideally consists of these elements: market intelligence, strategy, scenario developing, political liaison, a finance planning team, a **Lessons Learned** team and a **Red Team** – an executive or team charged with challenging the group.

Future Operations has two key roles: (1) supporting the Current Operations team with fast-moving trends analysis, scenario planning, red teaming and intelligence; and (2) planning for how to emerge from the crisis and prepare for the next one.

This group is probably six or seven people, looking ahead at the virus and its impact on the community – this is what we mean by market intelligence. They should be running various scenarios and matching that to what capacity exists currently.

Not every hospital is big enough or has the right skills to organize exactly this way. At a minimum you should have two to three people, augmented with outsiders if needed, to look at the future and how your current operations will be impacted by various scenarios.

### **Q: What do the Red Team and Lessons Learned teams do?**

BOE YOUNG: The Red Team concept has been around for years and probably started with groups that tried to think and predict how the USSR would act militarily. The basic goal is to think like the enemy – to take a contrarian view of the main group; to poke holes in the existing order and challenge the main operating assumptions. You need one person in the room who will say “OK, but what if ...”. This will make your Current Operations more focused and their work more relevant. Red Teaming can be a process, a role or actual people. In some very hierarchical organizations, that find themselves needing to ensure they avoid group-think, they are extremely useful.

The Lessons Learned team does exactly what it sounds like. They are busy looking at successes and weaknesses of your current construct and documenting those as they happen. They can work hand in hand with the Red Team if needed.

Organizing this team now, in the middle of the crisis, takes great organizational discipline. But the data that will be gathered will be fresh, timely and more accurate than attempting to do this after the crisis passes, when memories are faded.

Again, for smaller organizations, you could potentially combine the Red Team and Lessons Learned into a single person, or even have someone from the outside assist.

### **Q: Where should leaders be and what should they be doing?**

BOE YOUNG: Leaders must be engaged, visible and transparent. We normally say the COO should personally run Current Operations and the Chief Strategy Officer should lead Future Operations. This leaves the other C-suite officers, and the CEO in particular, to focus on (1) outward engagement with the press and state/local governments; (2) internal engagements to walk the halls, talking to front-line leaders and providers to hear their issues first-hand; and (3) engaging in resource prioritization decisions.

This is an opportunity and a challenge. The crisis will show governing boards and the public the depth and strength of their CEOs and their senior teams.

Also, don't forget the support staff behind the scenes that make it all happen. This is especially true in Environmental Services and MIS. Get out and say thanks to these teams.

**Q: What lessons can you share on staffing?**

BOE YOUNG: When creating staffing plans, understand that you are likely running a 24/7 CAC operation for another two months – and then maybe again later in the year, if spikes occur. So, you'll need specific shift workers identified. You'll need to train them in the specific cadence and operations that work for your organization. This includes figuring out work and sleep patterns and things like resiliency training for the team members.

In the Army, we would usually use a Battle Captain to lead the Operations Group and have one for each shift. For healthcare organizations, this is not a C-suite person but rather someone a couple of levels down, yet clearly someone respected and empowered to make tactical decisions on resource allocation and operations. They really serve as an “extender” to the COO, or whoever is ultimately accountable for the success of the Current Operations team. Battle Captains must be smartly selected and trained, especially regarding decision-rights and current operations.

**Q: How do operating systems contribute to success?**

BOE YOUNG: Successful operating systems start with a defined routine and daily rhythm in the Current and Future Operations teams. Ideally, there should be written descriptions of the roles, responsibilities and authority for each position. Decision rights should be clearly articulated. There should be shift handover routines, defined and simple reporting, and a predictable discipline for operations.

It's not rocket science, but it is about organization discipline. When designed and implemented correctly, disciplined operating systems help reduce team stress.

**Q: How do the Current and Future Operations teams share information and stay coordinated?**

BOE YOUNG: Larger organizations can have a Fusion Cell that focuses primarily on combining operations and market intelligence (how the virus is reacting/growing) and sharing information. If your organization doesn't have enough personnel for this, then you should work fusion meetings into your standard meeting cadence.

The Red Team and the Lessons Learned team also naturally operate in both the Current Operations and Future Operations work cells, shifting between the two in order to do their normal work. They can be tasked with some level of fusion coordination if needed.

In larger or military organizations, the Fusion Center takes on a primary role. This could also be the case in larger health systems. In smaller organizations, it more practically becomes a forum or mechanism for sharing information and informing current operations.

**Q: We are currently knee-deep in the crisis. How can organizations adapt in the middle of all this, on the fly?**

BOE YOUNG: The most senior leaders must focus on how they create a sustainable pace. This crisis, particularly in the large cities, is likely to last months. What I would tell leadership is that your current EOC likely has some of the core elements in place for Current Operations. What it is probably lacking are some of the cadence elements and training that will make it sustainable. A quick, one-day assessment can identify the gaps.

Most organizations do not have a fusion process or the right emphasis on Future Operations. So, this needs to be built from scratch, or you can use outside resources to help get started. We think the entire team can be up and running in less than a week, including a quick virtual assessment and the initial training.

This is not the last crisis like this, and it is even possible C-19 will return in some form later this year. The time to properly organize is now.

### MEET OUR EXPERT

Galloway Consulting helps hospital groups, physicians, and payer/providers improve operations, outcomes and profits so they can better serve their communities. Our healthcare team has mastered every aspect of the business.



Boe Young is the Chief Operating Officer of Galloway and has personally led new CEO/senior executive transitions in five private and public-sector organizations. He was a Major General in the US Army Reserve, has commanded a battalion in combat, has two Master's Degrees, including an MBA from Goizueta Business School at Emory University, and over 25 years of senior executive experience.