Leading in Crisis:
How to Prepare
How to Execute
How to Thrive
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While some crises begin as a dim light down the track that you can see getting brighter over time, others arise suddenly in the middle of the night when you have not been expecting them at all. Regardless of how and when they arrive, crises happen all the time and can take many different forms, including environmental (such as a hurricane), technological (for example, a data breach), physical (like a fire within a building), or reputational (such as a public scandal). When a leader finds themselves amid a crisis, no matter what type it is, they should take several steps to assess the situation and limit its negative impact. Throughout this paper, we will use a series of case studies to discuss actions to take throughout the crisis, what to do after the crisis has passed, and preparatory measures to take before the next one arises.
Initial Actions to Take When Confronted with a Crisis
When Superstorm Sandy hit New York on October 29, 2012, many organizations realized for the first time that they did not have an appropriate response team in place to deal with this type of crisis. As the storm began to develop into a hurricane and then first hit Jamaica, with its ultimate path yet unknown, representatives from all industries (including but not limited to public transit systems, utility companies, and healthcare systems) in cities across the East Coast realized the need to mobilize quickly, assess, plan, and take action.

Due to the swiftness required, it became imperative for crisis response teams to deploy immediately (or form, if nonexistent) and begin to assess the situation. These response teams needed to prepare for “what if” scenarios (not knowing how strong the storm would be, if it even made landfall) and then take action once the hurricane ultimately brought its strong winds and pounding rains. At Bellevue Hospital, located on Manhattan’s East Side, the power to the building ceased within 30 minutes of water beginning to flood the basement. While the emergency power activated, enabling critical equipment to continue operating, the hospital’s fuel pumps failed shortly, leaving enough fuel for the hospital’s generator to run for one hour before the hospital would go dark. Bellevue was not fully prepared for this series of unfortunate events and needed to quickly adapt.
They quickly convened a team to brainstorm any possible solution, and it was a facility engineer who noted a store of buckets in the basement that could hold the fuel to be passed up the stairwell, in a de facto human chain, to the 13th floor where the generators stood.

Within any industry, a crisis response team must be two things: dedicated and diverse.

The hospital took action, and this process continued for hours, ultimately restoring two elevators. Despite having been open continuously since 1736, Bellevue temporarily closed in the immediate wake of the storm, after safely evacuating every single patient. Evacuation would not have been possible without the buckets in the basement or the quick-thinking of the engineer.

There are critical lessons from experiences such as Bellevue’s during Superstorm Sandy, including placing importance on any preparation you can complete before a crisis hits (maximizing the minutes, days, or months of lead time you may have) and acting quickly. An engaged and multidisciplinary response team is essential to both actions.
Within any industry, a crisis response team must be two things: dedicated and diverse. That is, the team must include people who will remain committed to their crisis-focused leadership role without getting pulled into other tasks as the crisis continues. Therefore, response teams usually have seasoned leaders who know how to delegate. These experienced leaders can focus on the larger, enterprise-wide goals while ensuring other capable individuals implement the decisions made and complete the associated tasks. To be maximally effective, the response team must also be heterogeneous in their skills, backgrounds, and roles. Extensive research, including articles published in the *American Sociological Review* and *The Journal of Product Innovation Management*, shows that cross-sectional teams drive the best operating results, and there are no higher stakes for exceptional performance than during a crisis. Just as the facilities engineer at Bellevue was actively engaged in finding a possible solution, so should all members of the workforce, from the front-line caregivers to the support staff, be considered and represented during a crisis.
Within a healthcare environment, crisis response teams should have at least six people (though not many more). A team with this composition will be well-positioned to provide insights and ideas from across the organization and to help develop an effective strategy:

<table>
<thead>
<tr>
<th>Role Description</th>
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<tbody>
<tr>
<td>A seasoned, executive leader (typically a capable C-suite executive)</td>
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<tr>
<td>Clinical leads from both the physician and nursing functions</td>
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<tr>
<td>A solution-minded member of the finance team to report the economic impact in real-time and help project the results of specific actions</td>
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<tr>
<td>A member of the communications team</td>
</tr>
<tr>
<td>An advocate for the staff, such as a member of the Human Resources department</td>
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There is a saying that “all of us are smarter than any of us,” which is precisely the intended impact of developing a dedicated and diverse crisis response team. Together, the team will make better decisions than any individual could make alone. It is imperative to have this team in place from the outset of a crisis. If you have not identified potential crisis response team members and engaged them, now is the time to start taking action!
Setting Goals and Creating a Focused Message
In our next case study, we consider the importance of both setting a singular goal and creating a focused message as key responsibilities of a leader during a crisis.

After the crisis response team is in place, one of their first actions should be to assess the situation and set a goal that will drive the next series of actions.
In the fall of 1962, America was losing the Space Race. The Soviet Union launched Sputnik 1 in October 1957, and Yuri Gagarin became the first man in space in April 1961. America, confronted with other issues at home and abroad, lacked a significant accomplishment that would propel it to the forefront of discussion about the journey to space. It was in this atmosphere that President John F. Kennedy took the stage at Rice Stadium in Houston, Texas, on September 12, 1962, to address the American people and try to win their support for the Apollo program. With nearly 40,000 people assembled and a warm Texas breeze upon them, President Kennedy spent 33 minutes making his case. In reviewing the speech afterward, researchers have determined his words were effective for three primary reasons:

1. **The speech created a sense of urgency**, compelling immediate action. For the American people, this included their support of the challenge of “landing a man on the Moon and returning him safely to Earth,” as President Kennedy stated in his address to the Joint Session of Congress in May 1961. He called for action before the decade was over, a huge goal to achieve in less than seven years.

2. President Kennedy’s consistent use of “we” fostered a sense of team and made it clear that no one individual could achieve the goal at hand. Everyone was necessary for it to be a success.

3. The iconic statement, “We choose to go to the Moon...because that challenge is one that we are willing to accept, one we are unwilling to postpone, and one we intend to win,” creates a call to action. It inspires Americans to seek a new frontier, to dream, and to work together toward this significant achievement.
The main lesson is the importance of creating a common goal during chaos. The goal becomes the single point of focus, the one item that people need to keep at the center of their thoughts and actions. The goal needs to be realistic (meaning it’s achievable) yet big enough that it requires significant efforts and concentration. The point is to turn people’s collective attention to this singular goal, like the Apollo mission, as it then becomes much more achievable.
To examine the applicability to the healthcare industry, we consider one CEO who, near the start of the COVID-19 pandemic, consulted with her response team. When chaos was high, and uncertainty was seemingly everywhere, she determined what was needed most was a rallying cry for the organization’s workforce. And this meant everyone, from those preparing and delivering food to patients, to those ensuring the ICU beds were clean, to the physicians and nurses providing care at the bedside. Her message, shared widely and spoken often, was clear:

**We will not allow any employee to perish as a result of contracting COVID-19 at work.**

Her message was effective in three ways:

1. It places **people** at the center of all activities. And, it focuses on employees not just as caregivers, but as individuals who also deserve and need care.

2. It **empowers** everyone to take the appropriate precautions at work to ensure they do not expose themselves or place others in a position of higher than expected risk. A sense of urgency already exists in this case, so no further pressure was needed; instead, a refined focus on people (and their individual and collective actions), not time, was most important.

3. It **creates a common enemy**. If COVID-19 is what everyone is fighting against, they stand united in their fight. It draws attention to one straightforward and easy to understand foe against which all people must remain vigilant.
The organization shared this goal in all published employee updates regarding COVID-19, ended each daily huddle with this goal, scrolled the goal non-stop through the organization’s intranet home screen, and posted the goal within every department, every lounge, and every meeting room throughout the entire hospital facility.

Not a single employee contracted COVID-19 in the workplace for 84 days.

It would have been impossible for any employee not to be able to recite the organization’s goal at that time because it was, quite simply, that pervasive and integrated into the entire culture of the organization itself (practically overnight). While this goal was not necessarily the organization’s every-day mission, it was its crisis goal, and what needed to remain at the forefront of people’s time and energy at that time.

And, it worked. Eighty-four days after unveiling this goal, the organization still maintained an untarnished record. Not a single employee contracted COVID-19 in the workplace. Then, when ultimately an employee did contract COVID at work, the goal remained the same and became the unceasing challenge to all: no other employee will contract COVID at work and perish as a result.
Both determining the appropriate goal and ensuring a complete roll-out can be challenging during a crisis. However, these are critical steps for leaders to undertake. It is crucial not only to create order amid chaos (by calling out precisely what people need to be focusing upon) but also to enlist the collective efforts of stakeholders in making a difficult task more manageable.

Finally, while an organization should create the goal with input from several people (particularly those on the crisis response team), the goal needs to carry the weight of the organization itself, not just leadership. All members should stand united around this single message. As a leader, it is vital to help cast the vision and share the vision, and most importantly, to live the vision as well.

In this case, the CEO never left her office, nor invited anyone in, without wearing her mask. She ensured others invited to her office did as well. Employees needed to see her doing her part to ensure she was taking COVID-19 precautions seriously, lest she undermine her own goal.
The Importance of Communication
In our final section on how to execute, we explore additional actions to take during a crisis, with a significant emphasis on communication. It is often said that employees need to hear a message seven times before they believe it to be true. And yet, in the midst of crisis, how do we ensure messages are repeated multiple times, or better yet, ensure they are believed the first time they are conveyed?
Steve Jobs is widely known for being an innovator. The company he co-founded in 1977 (and was the CEO of...twice!) remains a household name today, with 2.2 billion iPhones (just one of Apple’s revolutionary products) sold since their introduction to the market in 2007.

Interestingly, however, what Jobs was not always known for was his communication skills. Rumors, legends, and tell-all tabloid articles alike have countless examples of Jobs delivering feedback in a significantly more critical manner than constructive, of him barking orders, and focusing on failures as opposed to celebrating successes. While these stories permeate his legacy, his success at Pixar and the culture of communication he established there often counters these earlier reports.
After being ousted from Apple as CEO, Jobs bought Pixar in 1986 (from, of all people, George Lucas, creator of the Star Wars franchise). Pixar had technology that interested Jobs, and many claimed that Jobs was obsessed with making the company succeed to add some sheen to his professional accomplishments at a time when Apple’s performance (and his reputation) was sub-optimal. While Pixar would ultimately go on to experience much success (his initial investment of $5 million turning into a $7.4 billion enterprise sales price when the entertainment juggernaut sold to Disney in 2006), it started rocky. Jobs reportedly had to infuse his wealth into the company to keep it afloat, and the distance between the departments within Pixar were chasms.

Recognizing the need for better interaction, Jobs became personally invested in the design of the Pixar headquarters building, believing that the design of the building would be critical to the culture he wanted to foster.

Initially, the plans called for multiple buildings, each housing specific functional experts (i.e., programmers in one with animators in another). But Jobs turned the plans on their head.

He called for the plans to mingle departments, with a large central atrium as the hub of all activities. The mailboxes, cafeteria, and gift shop would all reside in this atrium. Jobs even wanted the bathrooms to only be in this atrium (a point on which he was overruled)!
He intended for people to cross paths literally and for the interaction (which the architectural design initially forced) to occur organically, resulting in a blending of culture and ideas. He envisioned communication on a personal level, with people sharing ideas inside the multi-story glass vestibule. Jobs believed (and was proven correct) that an environment which encouraged non-siloed communication, pervasive across all functional areas, would differentiate Pixar and make it a success. And, he was right.

Pixar would release Toy Story (to critical acclaim) and develop more than a dozen blockbuster movies with a widespread and shared belief that the communication not only between departments but more so, between individuals as collaborators, improved the films. Many of those conversations started in the atrium. Before his passing, Jobs noted, “One of the greatest achievements at Pixar was that we brought these two cultures together and got them working side by side.”
According to the *Harvard Business Review*, organizations with effective communication yield 47% higher returns to their shareholders. And, there is perhaps no greater need for effective communication than during a crisis. One of the ways to make communication effective during a crisis is frequency.

Recently, a Coker client experienced a cybersecurity incident. An outside party breached the organization and took control of all systems. They held the health system for ransom, meaning they were unable to access any of their critical technology. The cybersecurity event was temporarily debilitating for the organization, keeping its financial and clinical systems in paralysis while remediation took place. Recognizing the immediate disruption to the organization, the CEO assembled a response team, and they began communication briefs, which took place at 7:00 AM, 2:00 PM, and 9:00 PM every day. The huddles were 15 minutes in length and practically everything that could stop halted during those times. Meeting times changed, and breaks rescheduled to allow for maximum participation. The organization coalesced around the live-stream updates from members of the response team.

It is in this vein that we believe crisis communication should be grounded. Communication should be intentional. It is no secret that communication is central to an organization’s performance.

So how do you accomplish effective communication?
While the huddles intended to share information in one direction (i.e., delivering status updates as opposed to soliciting feedback), their consistent format, presenters, and timing were ultimately seen as critical to keeping employees informed and able to continue functioning as caregivers. Fortunately, the breach was relatively short (though five days of agony at the time). The health system was able to retrieve all information and functionality, and the crisis sparked a communication system that the organization expanded into regular operations, with multiple enterprise-wide and departmental leaders continuing daily huddles as a method to share information and maintain effective communication across the organization.

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Vital Actions as a Crisis Begins to Subside
Are you a thermometer, or are you a thermostat?

Throughout the next case study, we focus on actions to execute as a crisis begins to subside that allows healthcare organizations to thrive.

There is a time-tested leadership question that implores leaders to examine whether they read the temperature or set the temperature within their organization: are you a thermometer in your organization, or are you a thermostat? More often than not, being the thermostat is touted as the more desirable posture as it conveys more in-depth knowledge of where the organization needs to go and suggests taking more active measures to get it there.
However, post-crisis analyses typically indicate that leaders try to be both – they want to read the room when panic is at its highest, so they then know how to adapt and adjust direction. While successful leaders can do both and still effectively set the tone, ineffective leaders tend to immerse themselves too much in evaluating the culture, and thus, miss opportunities to intentionally drive the changes that need to happen. Therefore, as the initial shock of a crisis begins to subside, leaders must return to being a thermostat for their organization.

Let’s consider an example.
A large integrated health system had a previous leader who was known for telling the media that his job was to “keep [his] hand on the thermostat” to prevent the organization from falling into failure. When this CEO took the reins in 2002, the system was struggling through a merger where the two legacy organizations remained glued to their distinctly different cultures, with no real evidence of integration. The merger intended to improve the health system’s financial performance, but that too was showing no signs of improvement. The organization was teetering on the verge of being sold to a for-profit entity.

As the new CEO evaluated the situation, he sent a memo to all employees as his first action (on his first day in the role).

The notice called out the situation at hand: the financial hardship, the upcoming employee layoffs, and the potential sale that may need to be the life raft to keep them afloat. The memo specifically stated that the organization had one “last chance to right the ship.”

Brutal honesty was uncharacteristic for the organization; the CEO’s message opened the eyes of many who did not appreciate the severity of the situation up to that point. Now everyone knew the temperature within the organization, and it helped staff realize the current temperature (i.e., the system’s current performance) would not be sustainable.
The reports ensured that all employees knew the organization observed their actions (and the corresponding impact on the organization) and reported them publicly for the world to see. Unsurprisingly, the organization improved by creating a sense of urgency. They frequently and consistently explained where the organization needed to go and capitalized on the unceasing pressure to perform.

The system experienced over $50 million in losses. As the losses lessened, they were able to break-even just two years later; during that same time, nursing turnover decreased by 13 percentage points. With the pressure on them to perform, the staff took their last chance and often made pain-staking changes to bring the organization back from the brink.

But the CEO did not stop there.

He then called for continual accountability for performance throughout the organization, including published reports to be issued each quarter to show how the organization was running. These reports, which included information on medical errors and clinical operations, were true to his claim of keeping his hand on the thermostat.
In this situation and others, the logic behind keeping your hand on the thermostat is that when the temperature gets too low, there is not a sense of urgency to keep people pushing forward, making tough decisions, and continually seeking improvement. The health system from our example found themselves in this situation; they needed to turn up the temperature to help drive meaningful change. The inverse, of course, is when the temperature gets too high, and people are too afraid to take risks, even when they may yield significant benefits to the organization. Thus, a leader needs to make continual adjustments to ensure the temperature remains right where it needs to be, ensuring the organization is not stagnant or complacent, nor so frenetic it becomes unwieldy.
Finally, just as a leader with their hand on the thermostat is critical, people who act like thermometers are also critical. Effective leaders know they need to engage others to function as thermometers, both in times of crisis and not, to provide readings to leadership so they can determine changes to make.

In a crisis, the temperature may have been way too hot for way too long, and yet, perhaps the heat needs to continue to bring closure to the crisis. Alternately, an organization may need a deep freeze to restore order to the organization post-crisis, allowing people to calm and cool down. Once the thermometers indicate where different segments of the organization are, leaders can use that information to chart a course, communicate it, and make necessary changes. As with many things, reacting appropriately to change, both amid a crisis and during its wind-down, requires a team effort!

Knowing what the temperature should be going forward is critical to define how we react to the end stages of a crisis. However, determining that precise temperature can be very difficult.
How to Prepare for the Next Crisis
In our final case study, we consider preparatory actions to take before the next crisis begins.

Before the COVID-19 pandemic, 20% of physicians engaged in telehealth. Yet a mere eight weeks later, survey data indicated that 63% of physicians had now adopted telehealth.

This sharp increase in the use of an already present, but not pervasive, technology was one of many changes organizations made as they adapted to the crises of the pandemic.

Research conducted 60 to 90 days after the pandemic initially became prevalent in the United States provided a compelling statistic for purposes of this discussion. The study showed 60% of physicians now using telehealth said they intended to continue using it in the future.
For many people, the disruption in the delivery of clinical care was one of the more significant positive outcomes of the pandemic. A massive retooling to providing healthcare services using telemedicine increased access for certain segments of the population by video and text, and the widespread adoption of a relatively new modality that providers can use to reach and assist their patients.

Identifying telehealth as an effective response to the changing delivery of healthcare services during the COVID-19 pandemic was the “aha” moment. It highlights a critical action item for leaders to consider as they prepare for their next crisis: what changes did we make during this crisis that were important to our near-term future success? Merely identifying the changes made helps open the door to crucial learnings for leaders to discover and use to help them prepare for what happens next.
Developing a deep understanding of the changes made during (and as an immediate result of) a crisis should be one of the first post-stabilization activities healthcare delivery systems complete. This identification is essential in helping the organization prepare for and ultimately deal with the next crisis. However, detecting the changes is only the first step to preparing; leaders must then take that information and evaluate the changes to see if they are worth implementing permanently or if there is a lesson to learn why this change influenced the outcomes of the crisis.

In that evaluation process, there are a series of questions leadership can ask to help guide the assessment and uncover truths.
1. What changes made during a crisis have improved the organization (e.g., its employees, its operating efficiency, its clinical services, its financial performance, etc.) during and after the crisis?

2. How do you know those specific changes resulted in an improvement?

3. What data or other results quantify the relative improvements those changes made?

4. Why were those changes so impactful?

5. What made those changes necessary?

6. Which of those changes are you interested in making a permanent fixture in the organization?

7. Why are you interested in making those changes permanent?

8. What resources are needed to make those changes permanent?

9. What is the anticipated impact of making those changes permanent?

10. What evaluation process will you use to monitor the impact of those changes in the future to ensure they are as relevant post-crisis as they were mid-crisis?
As we continue our example of telehealth, it is crucial to understand why the massive uptick in utilization during the pandemic occurred and what benefits it has created. Arguably, this is more important than the simple recognition that it happened, as it speaks to what needs to take place next.

Although it may seem evident that telehealth will be one of the more lasting changes to come out of this pandemic, it is not without challenges. Some people are calling this period “The Great Acceleration,” given the massive shifts it has furthered in telehealth, e-commerce, cloud computing, and reshoring, among others.

For example, despite the ambition of the current telehealth users and their reported commitment to the platform in advancing care, at this time, 35% of the American population does not have broadband internet access. Lack of broadband access makes real-time telehealth via video-conferencing or another data-heavy program difficult, if not impossible.

Thus, for all the progress since mid-March 2020, those changes are not perfect.
Meaning, organizations should applaud themselves for the work they have done in synchronous communication and care, but the progress should not stop there.

With our telehealth example, after identifying and realizing the impact of telehealth (it brought care to patients where they lived), the real challenge is to figure out how to continue to bring care to patients wherever they are, including in homes where broadband is not available. For many organizations, this may mean permanently maintaining a robust telemedicine program that includes both real-time and asynchronous care. Allowing these both to be options for patients may help ensure access to healthcare, regardless of their access to steady internet.
The process of robust assessment and continual search for solutions will build on initial successes during a crisis, and it will create the most optimal outcomes that will help organizations best prepare for their next crisis, whatever shape or form it takes.
The COVID pandemic has tested every one of us as leaders, and we now understand, more than ever, the very real challenges of leading in times of crisis. As discussed above, there are a series of actions to be taken in the midst of crisis and once it passes to ensure we lead as effectively as possible. However, it is equally if not more important to consider the preparatory actions to take before the next crisis arises. Leading in times of crisis can be a challenge and without significant preparation, it will be even that much more challenging. By preparing sufficiently, by facing the crisis with a singular goal and one that has been communicated extensively, we will be best positioned for our organization to be successful.


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