

Medical leadership: lessons learned from the COVID crisis

1st wave



2nd wave



3rd wave



4th wave



5th wave



?



Prof. Arnaud Perrier
Medical director, HUG

*Health Symposium on Medical Leadership
Bern, 18 November 2021*

HUG Hôpitaux
Universitaires
Genève

The great leader



Generous
Passionate
Self-aware
Responsible
Trustworthy
Agile
Optimistic
Influential

Decisive
Creative
Sense of mission
Motivator
Visionary
Delegator
Empathic
Benevolent
Exemplary
Listener

Communicator
Accountable
Honest
Positive
Confident

Leadership: a matter of vision?



**Harvard
Business
Review**

LEADERSHIP

The Psychology Behind Effective Crisis Leadership

by Gianpiero Petriglieri

April 22, 2020

When a leader's appeal rests on a vision alone, leadership is not whole. And the limitations of such visionary leadership become painfully obvious in times of crisis, uncertainty, or radical change. Take the coronavirus pandemic. No one had anything like it in their "Vision 2020." Crises always test visions, and most don't survive. Because when there's a fire in a factory, a sudden drop in revenues, a natural disaster, we don't need a call to action. We are already motivated to move, but we often flail.

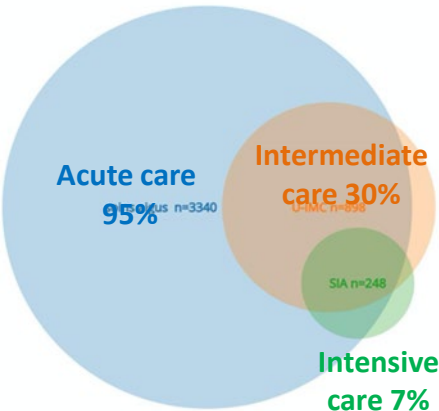
*What we need is a type of holding, so that we can move purposefully. What do I mean by **holding**? ... It describes the way another person, often an authority figure, contains and interprets what's happening in times of uncertainty. Containing refers to the ability to soothe distress and interpreting to the ability to help others make sense of a confusing predicament. That work is as important as inspiring others. In fact, it is a precondition for doing so.*

Leadership in a crisis

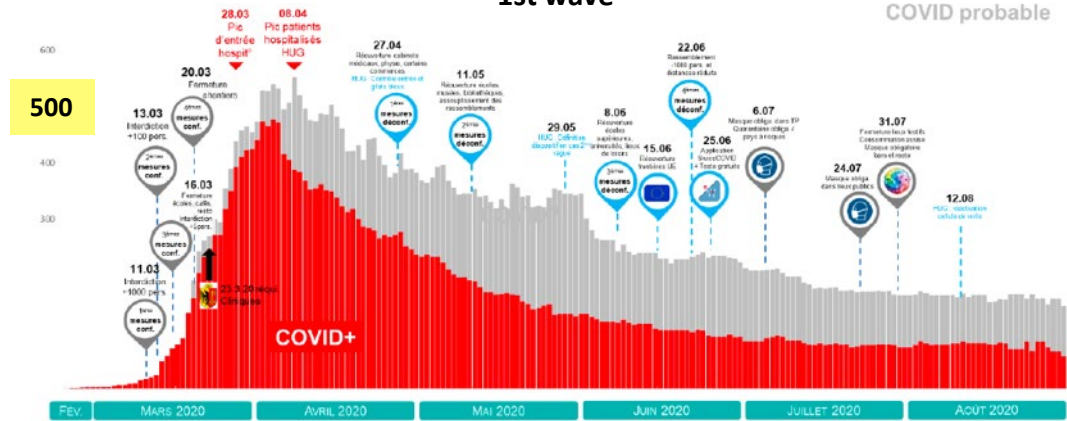
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- **Provide a framework** -> put in place an organization with clear role attribution: who decides what? Respective roles of experts and managers
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- **Help one's colleagues to stick together** -> active listening, availability

COVID in the HUG

- 4700 COVID patients in 12 months
- Mean age 65 years
- Overall survival rate 86% (intensive care around 80%)
- Peak number of patients
 - 1st wave 460 patients
 - 2nd wave 600 patients

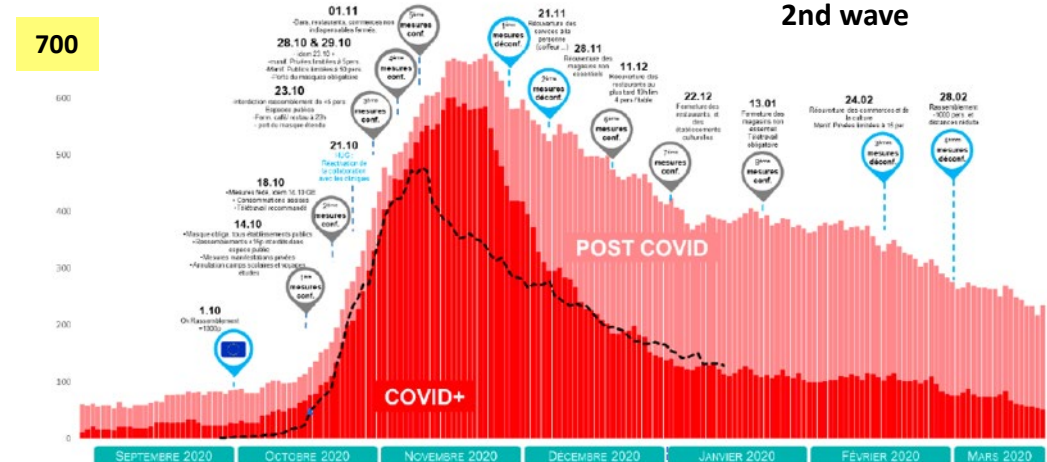


1st wave



COVID probable

Annexe 2 – Graphique courbe COVID vague 2 avec mesures

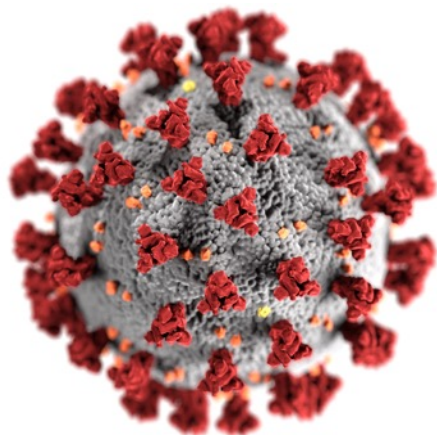


2nd wave

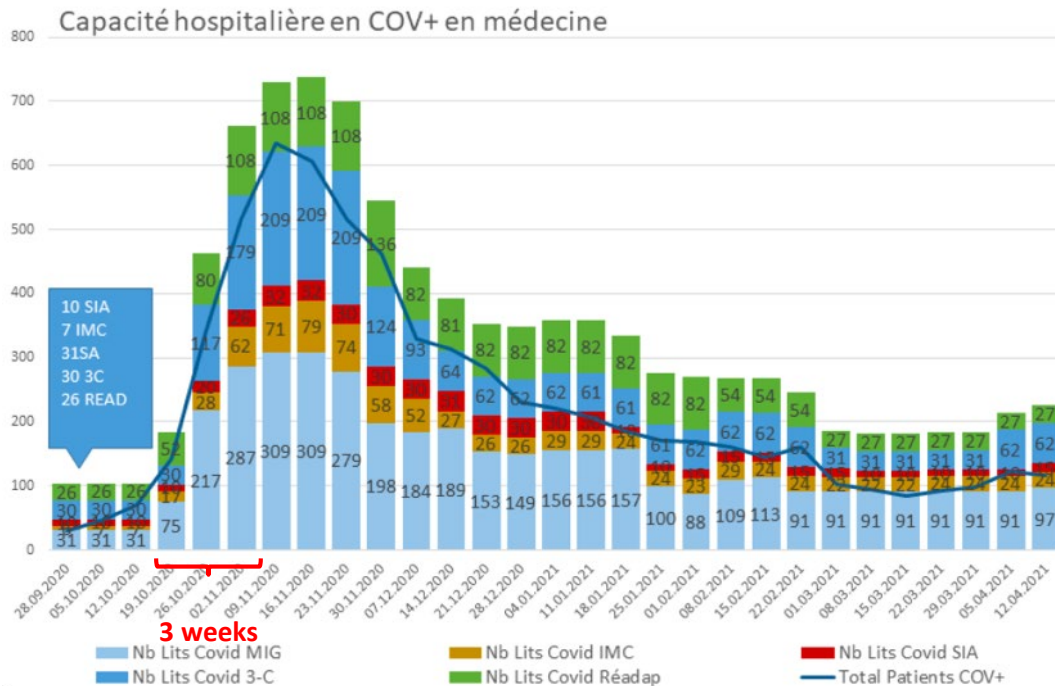
2021

COVID and agility

- Overall hospital capacity for COVID patients **x7 in 3 weeks!**



2nd wave



Shared leadership, specific roles

Directeur général, Président du Comité de direction



*Link with politics and board of trustees
Strategy and coordination*

Monsieur Bertrand LEVRAT

Directeur général adjoint
Suppléant du Président du Comité de direction



Operational coordination

Monsieur Alain KOLLY

Directeur médical



Professeur Arnaud PERRIER

Directeur de l'enseignement et de la recherche
Doyen de la Faculté de médecine de l'Université de Genève



Management fo the Faculty of Medicine

Professeur Cem GABAY

Directrice des soins



Madame Sandra MERKLI

Directrice des finances



Back-office (essential...)

Madame Brigitte RORIVE FEYTMANS

Directeur des ressources humaines



*HR policy
Resource management with medical
and nursing director*

Monsieur Pierre-Paul CORNET

Directrice de la communication a.i.



Internal and external communication

Madame Agnès REFFET

Medical and nursing care strategy

Leadership in a crisis situation

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COVID-19

COVID (+ et ?) aux HUG et mesures de confinement

Executive committee cell



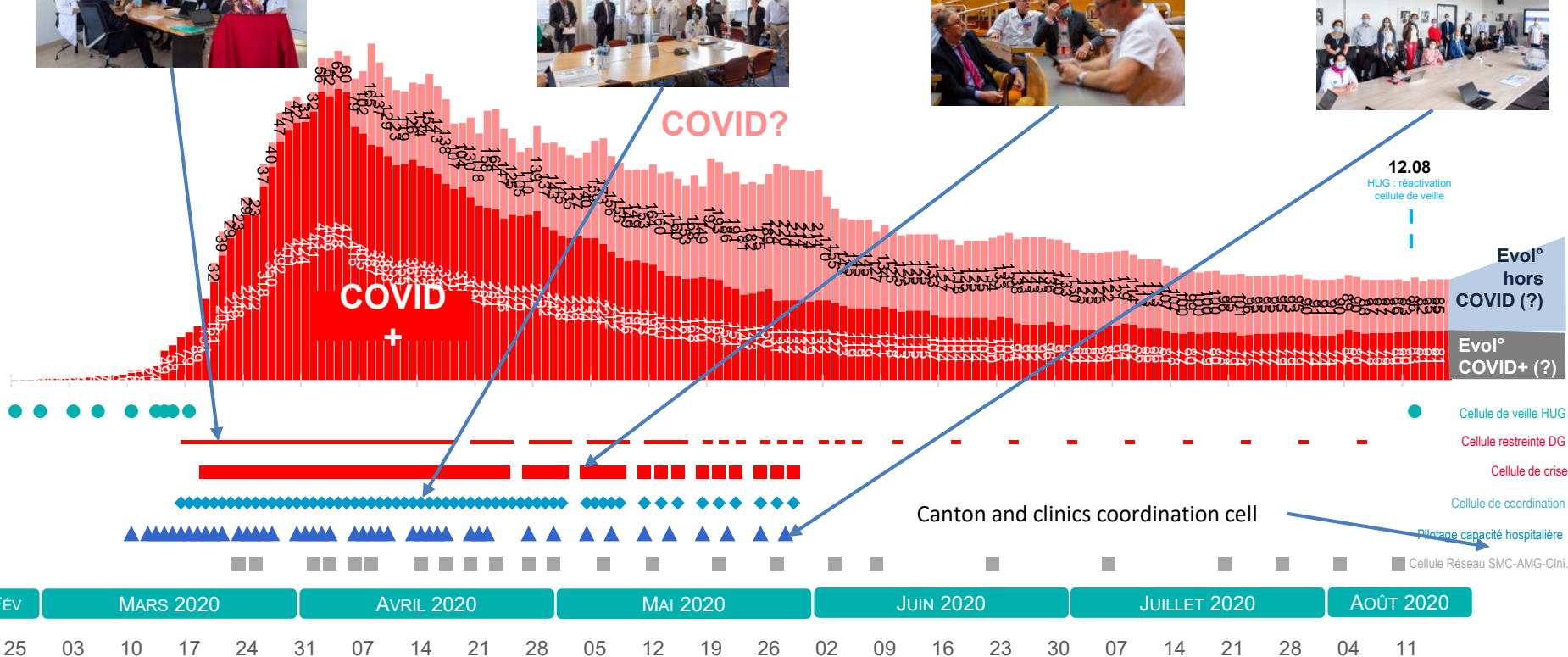
Coordination cell



Crisis cell



Hospital capacity



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Experts... versus decision makers

Gestion de la crise sanitaire

Faut-il bâillonner la task force fédérale Covid-19?

La mesure proposée par une commission du Conseil national met le feu aux poudres. Des élus lancent un appel pour la liberté de la science et d'expression.



Patrick Monay
Publié: 01.03.2021, 11h58

76 commentaires



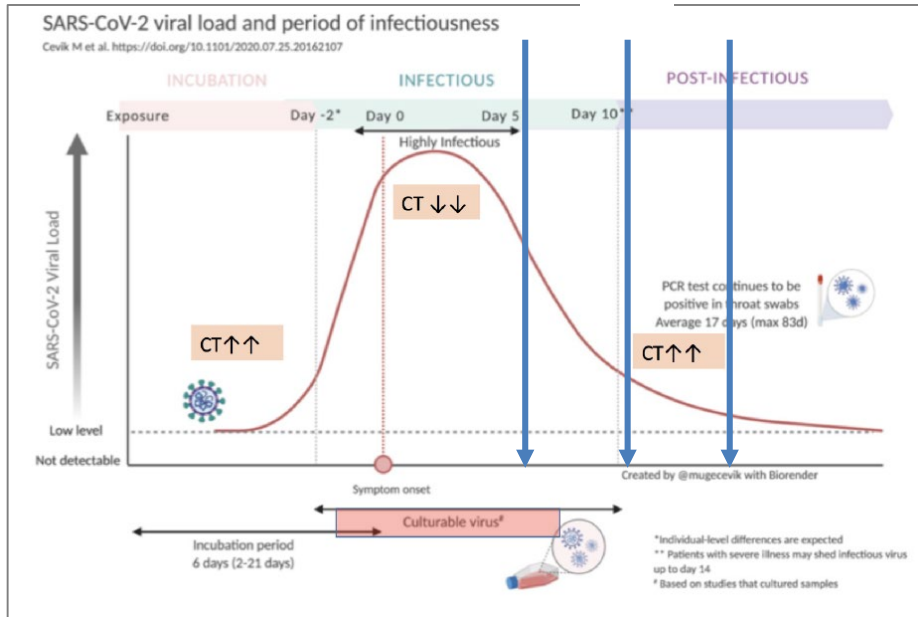
Martin Ackermann, président de la task force Covid-19 de la Confédération, devant les médias à Berne en novembre 2020. Son influence provoque des remous sous la Coupole.

Anthony Anex/Keystone



Alain Berset, Conseiller fédéral

Definition of “post-COVID” status: a scientific or manager decision?



Non contagious -> patient transferable to nonCOVID unit

Contamination of non-COVID patients

Inhospital flow blockade
Lack of COVID beds

Risk balance

RT-PCR for every patient?
Or just time with symptoms?
According to disease severity?



Critères de sortie et de transfert des patients hospitalisés COVID-19 + ou probables & Statut POST-COVID: critères de non-contagiosité

Status POST-COVID: Critères de non-contagiosité permettant la levée des mesures spécifiques gouttelettes et contact (1/2)

- Ces critères s'appliquent à la majorité des situations rencontrées. En dehors de ces critères, un statut POST-COVID peut parfois être prescrit sur avis explicite d'un consultant du SPCI, des maladies infectieuses ou de l'attending de de l'unité.
- En cas de RAD, les mesures et durées d'isolement édictées par le Service du Médecin Cantonal continue de s'appliquer à domicile

Patients hospitalisés		
Situation clinique	Critères cliniques	Indication examens microbiologiques <u>additionnels</u>
<ul style="list-style-type: none"> • SARS-CoV-2 + pauci-symptomatique ou asymptomatique <i>Hospitalisé en unité aigue pour une autre raison (sans pneumonie, ni critères d'hospitalisation COVID-19)</i> 	<ul style="list-style-type: none"> > 10 jours depuis le début des symptômes (ou de la positivité du test si asymptomatique) ET > 48 heures sans fièvre, ni symptômes respiratoires (toux, expectorations ou rhinorrhée)* 	<ul style="list-style-type: none"> ➔ Les critères cliniques suffisent pour le statut post-COVID permettant la levée des mesures spécifiques et un transfert en unité non-COVID ➔ Une RT-PCR de suivi n'est pas indiquée (à l'exception patients immunosupprimés, cf ci-dessous, ou sur avis spécialisé).
<ul style="list-style-type: none"> • COVID+ (ou probable) Maladie modérée à sévère <i>Critère d'hospitalisation</i> 	<ul style="list-style-type: none"> > 14 jours depuis le début des symptômes ET > 48 heures sans fièvre, ni symptômes respiratoires (toux, expectorations ou rhinorrhée)* 	<ul style="list-style-type: none"> ➔ Pour les COVID probable, une sérologie dès 3 semaines depuis le début des symptômes peut être utile à visée diagnostique †

Post-COVID for moderate to severe COVID disease :

- >14 days after beginning of symptoms and >48 hours without respiratory symptoms
- no RT-PCR required

Decision ratified by HUG executive committee after thorough discussions with expert group

HUG expert
guidelines
group

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Values and mission: will we be able to admit and care for all patients?

Ambulances filled with Covid patients forced to queue as exhausted doctors warn hospitals are at 'breaking point'

Many patients are being handed over to doctors on the next shift because staff 'can't get through them quickly enough'

By Telegraph Reporters
30 December 2020 - 5:50am



AP

Science Technology Business U.S. News World News Politics Entertainment Sports Oddities Lifestyle Health

Ambulances queue at hospitals as virus surge slams Portugal

By HELENA ALVES and BARRY HATTON January 22, 2021



LISBON, Portugal (AP) — Ambulances waiting to deliver COVID-19 patients queued outside hospital emergency departments Friday as Portugal's COVID-19 surge continued unabated,

Explicit fair treatment allocation and triage policy



Coronavirus de la maladie COVID-19

Abonnez-vous aux mises à jour de ce groupe

Accueil du groupe

Dépistage systématique du personnel non vacciné

Vaccination COVID-19

Situation aux HUG

Soins et éthique

Evénements externes (congrès, conférences)

Solidarité : procédure pour gérer les dons

Infos RH

Recommandations institutionnelles médico-

Soins et éthique

Nouvelle réglementation ASSM

L'Académie suisse des sciences médicales (ASSM) et la Société suisse de médecine intensive (SSMI) ont publié une [mise à jour des directives médico-éthiques](#) concernant les critères d'admissions et de poursuites des traitements en cas de pénurie des ressources en unités de soins intensifs.



07:10

[Les HUG ont établi des directives sur les critères d'admission aux soins intensifs et intermédiaires.](#)



- Video by medical and nursing director (Intra- and Internet)
- Pledge to go to extreme lengths to avoid triage
- Clear explanation of criteria that would lead to triage and how this would be applied

Ethics support group



Schweizerische Akademie der Medizinischen Wissenschaften
Académie Suisse des Sciences Médicales
Accademia Svizzera delle Scienze Mediche
Swiss Academy of Medical Sciences



SCHWEIZERISCHE GESELLSCHAFT FÜR INTENSIVMEDIZIN
SOCIÉTÉ SUISSE DE MÉDECINE INTENSIVE
SOCIETÀ SVIZZERA DI MEDICINA INTENSIVA
SGI-SSMI-SSMI

Ce texte est disponible en allemand, français, anglais et italien, cf. assm.ch/fr/coronavirus
La version allemande est la version d'origine. 2ème version, mise à jour le 24 mars 2020

Pandémie Covid-19: Triage des traitements de soins intensifs en cas de pénurie des ressources

Orientation pour la mise en œuvre du chapitre 9.3. des directives
«Mesures de soins intensifs» (2013)



Direction/service	Representative
Medical directorate (presidency)	Pre Klara Posfay Barbe
Nursing directorate	Mme Sandra Merkli
Clinical ethics council	Dre Madeleine Mirabaud (présidente)
Emergency departement	Pr François Sarasin
Intensive care service	Dr Raphaël Giraud
Intenral medicine and intermediate care	Dr Christophe Marti
Anesthesiology service	Pr Eduardo Schiffer

Mandate

- Ensure appropriate application of ASSM triage criteria for admission to ICU (ASSM)
- Apply the criteria according to the evolution of the epidemic
- In case of application of stage A or B criteria, inform ASSM
- Answer questions by collaborators on the topic of triage

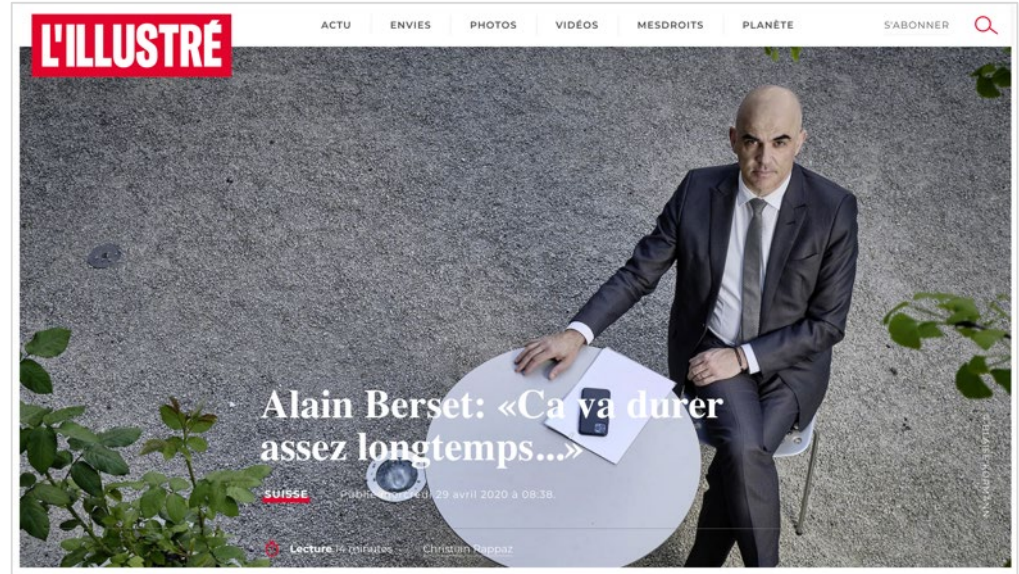
Acknowledge uncertainty

Dans le fond, on déconfine à tâtons...

- C'est vrai. C'est d'ailleurs l'un des grands marqueurs de cette crise: nous devons apprendre à vivre dans un monde dominé par l'incertitude, où beaucoup de choses ne sont pas claires et dans lequel beaucoup de questions restent sans réponses. Nous n'étions plus habitués à cela.

Aujourd'hui, j'ai affaire à des gens qui me disent: «Alors, ce virus, c'est comme ci ou c'est comme ça?» Je réponds qu'on ne sait pas. Cela appelle à beaucoup de modestie face à la situation, à rester ouvert, très flexible.

Mais de grâce, n'oublions jamais les peines, les souffrances et les douleurs que la pandémie a déjà générées.



Alain Berset, L'illustré, 29 avril 2020

How to protect health workers: the great uncertainty...

- Plain surgical or FFP2 face masks?
 - Ocular protection or not? If yes, visor or plain glasses (or both)?
 - Simple or waterproof gown?
 - Headwear or not?
 - Astronaut costume?
-
- Answers often dogmatic rather than pragmatic
 - Heavy influence of equipment availability ...
 - Recommendations regularly “exceeded” by health workers in the field



Ambulances

Emergency department

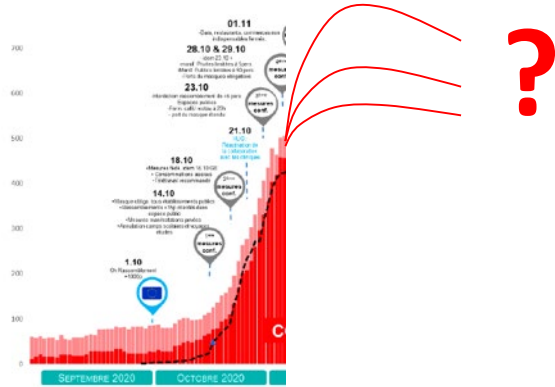


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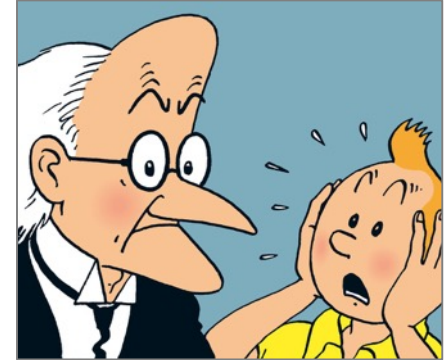
Reassuring is not affirming...

Find the right balance between catastrophism and angelism



Share doubts when appropriate, and know when to keep them to yourself

Ex. of supplies...



Tintin et l'étoile mystérieuse



The importance of communication

Intranet

- Videos
- 300 reports, internal or general news
- Daily update
- Intranet groupe dedicated to COVID

Internet www.hug.ch/coronavirus/

- 300 videos FAQs with experts

Social networks

- 13'000'000 views



HUG communication team filming

Key role: Everyone must have the same level of information. The very rapid evolution results in frequent apparent contradictions

Preserve cohesion (*help people to stick together*)



Those who work day and night...

The big divide!



Those who are sidelined...

Informal leadership

- Quick visit to a colleague's office at the end of the day
- A simple phone call in the evening or during the weekend
- 2 minutes at the end of a meeting to check on a colleague (“by the way, how are you doing”)
- *Blue Helmet* sessions

- **A crisis is always a human adventure lived by humans and with other humans**
- **Humans will be humans...**

What now?

- The worst is over, but...
- Collaborators are tired, and sometimes disillusioned – absenteeism
- The machine is still not firing on all cylinders

- How to convey strength? Enthusiasm? Hope? Purpose?



Repairman



Doctor

**Leadership in a crisis is holding on for oneself and others,
supporting everyone, and hoping and coping with
uncertainty and adversity**

THANKS

to all my colleagues from top to bottom and bottom to top, and
particularly to those on the front line

