Navigating COVID-19:
Military Perspectives on Managing a Crisis

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It’s now mid-April and the novel Coronavirus 2019 (COVID-19) pandemic, as declared by the World Health Organization on 11 March, is changing the way Americans work, play, and live. Not since the Influenza pandemic of 1918 has the country experienced such anxiety and fear over an infectious disease. The public’s reaction is without precedent, with schools, shopping centers, and a host of other organizations and businesses voluntarily or forcibly shutting their doors in order to help stop the virus from spreading. Such is not the case for the healthcare sector, particularly for hospitals located in communities that are experiencing large volumes of COVID-19 patients. While America’s hospitals have some of the most dedicated, hardworking, and caring professionals in the world, many of these facilities are struggling to meet the demand. In some cases, this is in large part due to the opportunity costs of choosing efficiency over preparedness in their staffing, supply chain, and equipment inventory strategies. In most cases, these facilities are downright overwhelmed.

The military defines the tradeoff of efficiency versus preparedness as the ‘fight tonight’ versus the ‘future fight’. It is not easy to balance the resource requirements needed to meet mission today, versus the resources needed to fight the enemy at an unknown time in the future. With this in mind, there are other important considerations to think through when preparing a healthcare organization to deal with a crisis. Much like military units, hospitals need to have the ability to organize quickly, establish command and control, all the while not losing sight of normal daily functions. The following represent some key questions that hospital administrators need to be able to answer, particularly during a crisis:

- What are the lines of communication and authority during a crisis? Is it business as usual or are we organizing differently in order to manage the situation?
- Are the crisis management roles and responsibilities well defined? Are they posted and accessible for everyone to review?
- Does our hospital have an emergency or crisis management plan? Is it tailorable to the situation at hand?
- How do we manage daily requirements or business in light of the situation? Who determines resource allocation?
- How does information flow through the hospital during a crisis?
- Have we exercised managing a crisis or emergency recently? Did we capture any lessons learned or areas to improve?
- What about the unique needs of our patients across the community? Are we prepared to meet those needs?
Leadership Traits and Values

As many can now attest to as a result of COVID-19, a time of crisis is not business as usual at any organization, let alone a hospital. Healthcare leaders are charged with what we should consider a privilege—the proper treatment and care of our patients, in the communities we call home. Times of crisis require leaders to embrace the leadership values and traits necessary for their organizations to serve on society’s frontlines—the traits below are derived from the United States Marine Corps’ leadership principles and are especially relevant during a crisis situation:

1. **Judgement.** The ability to weigh facts and possible courses of action in order to make sound decisions.
2. **Decisiveness.** The ability to make decisions promptly and to communicate them clearly.
3. **Integrity.** Uprightness of character and soundness of moral principles. When lives are at stake, nothing is more important.
4. **Endurance.** Crisis situations will demand a great deal of your time, resources, and energy. It will demand much of your teammates and the organization as a whole. Prepare for this, have crisis action plans in place with appropriate staff rotations, etc.
5. **Tact.** The ability to deal with others in a manner that will maintain good relations and avoid offense. Simply stated, the ability to say and do the right thing, at the right time.
6. **Empathy.** Having the ability to put yourself in someone else’s shoes. Making well informed decisions based on shared understanding of the situation at hand and every stakeholders needs during a crisis situation—especially your patients.
7. **Courage.** Courage is a mental quality that recognizes fear of danger or criticism, but enables the healthcare professional to proceed with calmness and firmness.

Weathering the Storm

As the COVID-19 situation continues to develop in local communities and around the country, there are actionable steps that hospitals can and should take to bolster their ability to respond or continue to respond as the situation unfolds. The goal is to take a proactive approach to crisis management, as opposed to a reactionary stance, where putting out one fire after the next becomes the organizational strategy at dealing with the crisis. These steps represent recommendations for your hospital’s leadership team to review, discuss, and decide upon:

1. **Conduct a risk assessment.** Establish communication with local, county, and state health department officials to begin assessing the virus risk in the community your serve, to include analyzing this information from a demographics standpoint. Frame the situation internal to your hospital and begin to properly frame the problem.
2. **Develop Courses of Action.** This represents the ability of the staff to develop solutions to mitigating the risk in your communities, for your patients, staff, etc. This involves everyone from preventive medicine professionals to environmental services, etc. It also involves having a comprehensive understanding of your capabilities and capacity to receive COVID-19 patients or any other type of patient.
3. **Implement Decisions.** Once the risk is understood and courses of action have been developed, now is the time for the leadership team to choose the right courses of action
and begin executing an implementation plan that will meet the needs of the hospital, its patients, and the community it serves.

4. **Monitoring and Controlling.** This requires a thorough understanding of what you wish to accomplish, the methods in which you are accomplishing them, and the measures of performance that you and your leadership team is going to use to ensure that you are all headed in the right direction. It also means maintaining situational awareness of your hospital’s bed, staffing, supply, and equipment status at all times. Have redline thresholds that require someone on the crisis management team to alert leadership for decisions that need to be made.

5. **Documenting and Discussing Lessons Learned.** This should be a continuous process. There should be properly timed huddles (perhaps during a shift change) to quickly discuss the days events, what went right versus what went wrong, and ways to improve in support of managing the crisis. These discussions must be documented and kept in a central repository for others to access and for ultimate compilation into the hospital’s historical records.

**Conclusion**

As leaders in healthcare and in our communities it’s imperative that we take stock of the leadership values and actions required to lead our organizations in times of crisis. It’s never too late to make the appropriate changes for your team, your hospital, and perhaps most importantly, for yourself. Strive to develop and improve your knowledge, skills, and abilities in the crisis management arena and those of your organization. Whether it’s COVID-19 or any other crisis that may hit our doorstep, take appropriate action now—the lives and wellbeing of your patients, staff, and communities depend on it. If you do know where to start, please reach out to your trusted partners at the National Association of Latino Healthcare Executives (NALHE). You can readily access resources, experience and expertise to help get you through these tumultuous times. Stay safe and Adelante!