



RADILOGY® LEADERSHIP INSTITUTE
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RLI Power Hour

Wednesday, August 19, 2020

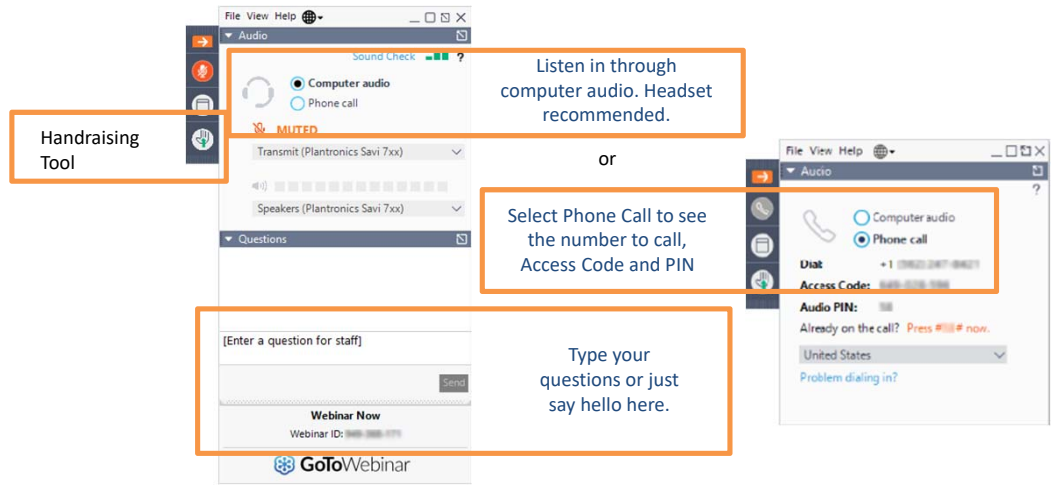
Crisis Management

Program Chairs:
Jennifer Nathan, MD
Robert Pyatt, Jr., MD, FACR

Faculty:
Jim Rawson, MD, FACR
William T. Thorwarth Jr. MD

Participating in today's call

Attendee Control Panel



Handraising Tool


Listen in through computer audio. Headset recommended.

or

Select Phone Call to see the number to call, Access Code and PIN

Type your questions or just say hello here.

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Meet the Faculty



Jim Rawson, MD, FACR



William T. Thorwarth Jr. MD



**RLI
Power Hour**

Crisis Management

Jim Rawson, MD, FACR

Why learn from the COVID19 Pandemic?

- Similar lessons will apply to other (future) disasters
- Disaster often lead to changes in practice

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Disasters

- Infectious Pandemic
- Natural Disasters-hurricanes, floods, earthquakes
- Active shooter
- Terrorist Attack
- Radiation Disaster
- Chemical Spill
- Power outage
- Cyber attack
- Transportation disaster-train, airplane

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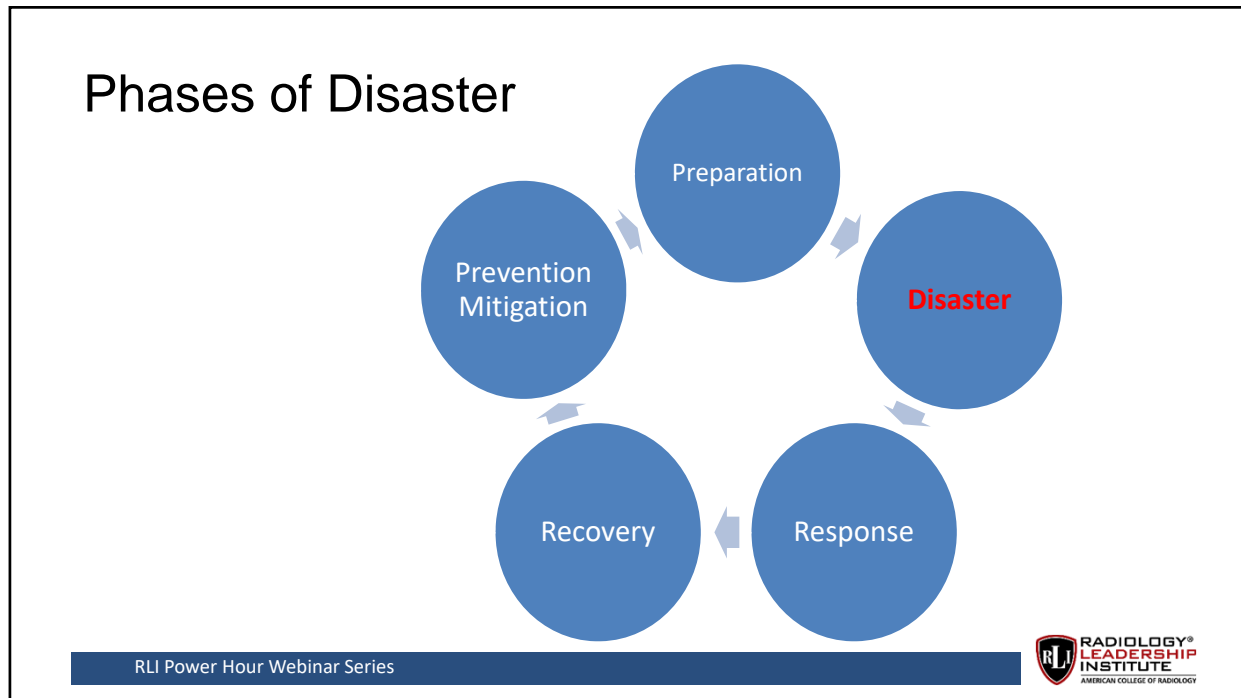


May not be just one disaster


- Flood of 1st floor data center takes hospital power, PACS and EHR offline

Disasters

- What do disasters have in common?
- What might you do now to prepare for future disasters?



- ## Preparation
- Long term planning
 - Disaster drills
 - Training eg Incident Command Center
 - Contact information

 - Immediate planning
 - Communication: who, how, what, how often
 - Defining expectations: where to report, what to do
 - Defining roles
- 
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DISASTER

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Response

- Emergency/Event
 - May have had time to prepare
 - May not have had time to prepare
 - How likely are evacuations to/from your location?
- On-going
 - How is it evolving?
 - Not what expected
 - Understanding duration
- Demands
 - Hazard or disaster generated
 - Response generated

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Recovery/Restoration

- Transition to baseline/new baseline
 - Returning to work
 - Re-opening/shifting clinical services
 - Catching upon delayed care
- Long term impacts
 - Community: re-entry, power outages
 - Trauma
 - Changes in clinical practice
 - Economic

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Mitigation

- Lesson learned
- Capacity building

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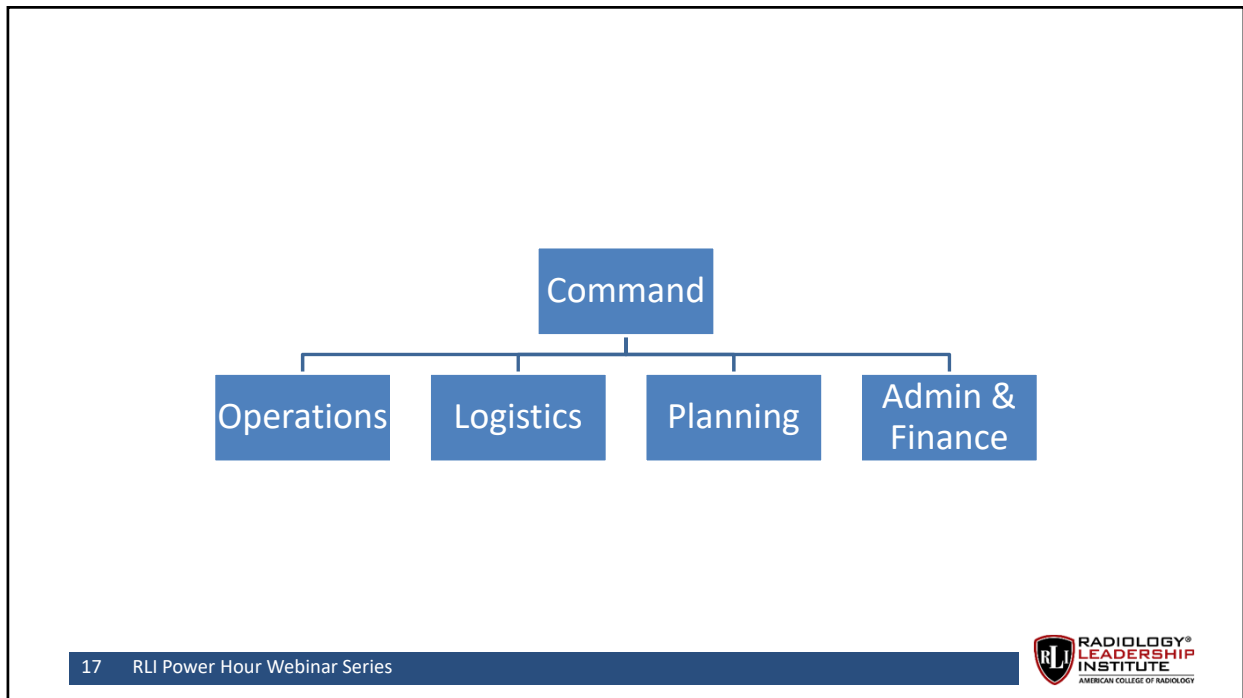


Hospitals

- Administrator on duty
- Incident command center (defined roles)
- Contracts with Red Cross, Public Health-roles defined

Incident Command System


- Standardized approach to coordination of emergency response
- Initially developed to address inter-agency interactions in California and Arizona wildfires
- Now standard approach to emergency response
- Flexible, modular, coordinating
- Incident Commander
- Operations Center



Incident Command Structure also used in planned events

- Concerts
- Parades
- Other large gatherings

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How will you provide services if

- Pager system down
- Can't go to hospital
- Technologist can't get to hospital
- Regional power failure
- Phone system down
- PACS or Voice recognition down
- Internet down
- Days vs months

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Easy to get overwhelmed You can't plan for everything

- Communication
- Redundancies
- Relationships
- Learn from other communities
- Supply chain

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A few things to consider

- In the 2 months before COVID19, how often did any topics on disaster planning occur in agenda of meetings
- How many Radiologists in the group got any CME on disaster training in the last 5 years?
- How many disaster drills did you personally participate in over the last 5 year?

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Resources

- US Department of Health and Human Services
- Public Health Emergency
- <https://www.phe.gov/Preparedness/planning/mscc/handbook/chapter1/Pages/emergencymanagement.aspx>

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Plus/ Delta

+

- Already had workstations at home
- Good sharing of COVID19 articles/resources

△

- Too much email
- Not always sure how I could help

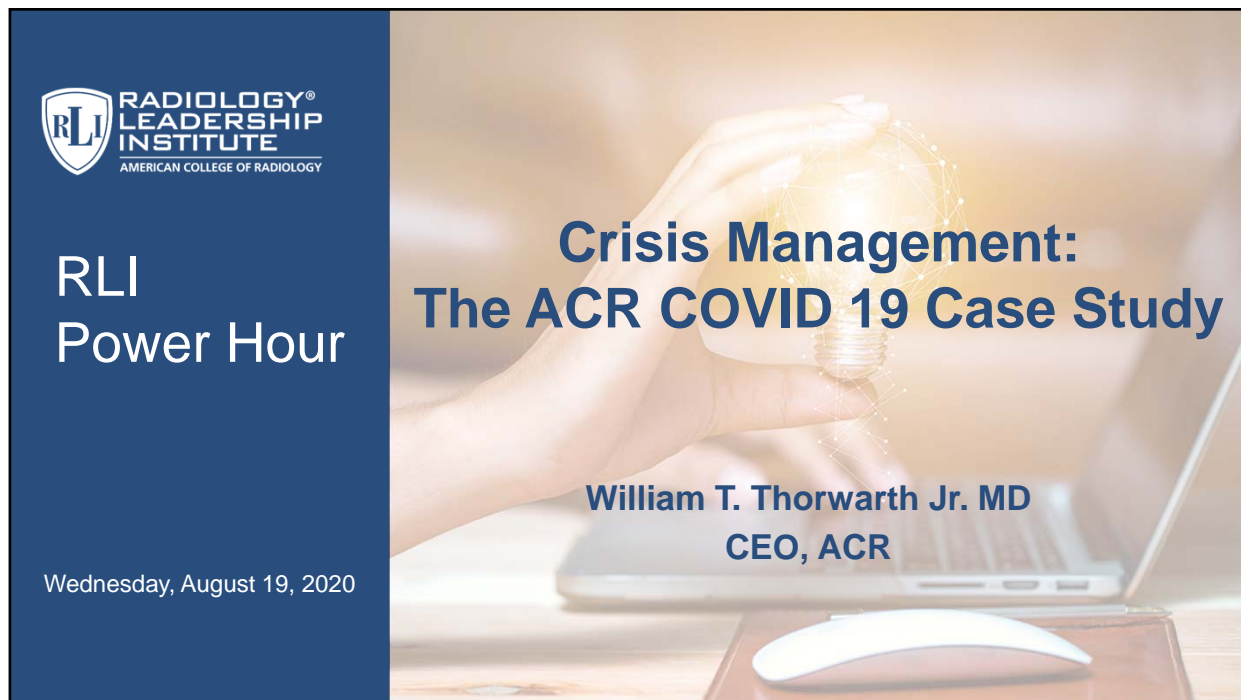
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Thank you

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A graphic for an RLI Power Hour webinar. On the left is a dark blue vertical bar with the RLI logo (a shield with 'RLI' inside) and the text 'RADIOLOGY® LEADERSHIP INSTITUTE' and 'AMERICAN COLLEGE OF RADIOLOGY'. Below the logo, it says 'RLI Power Hour' in white. At the bottom of the bar, it says 'Wednesday, August 19, 2020'. The main part of the graphic is a light-colored background showing a hand holding a glowing lightbulb with a network of lines around it, symbolizing ideas and crisis management. Overlaid on this is the title 'Crisis Management: The ACR COVID 19 Case Study' in dark blue. Below the title, it says 'William T. Thorwarth Jr. MD' and 'CEO, ACR' in dark blue. A laptop and mouse are visible in the background.

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**RLI
Power Hour**

Wednesday, August 19, 2020

**Crisis Management:
The ACR COVID 19 Case Study**

**William T. Thorwarth Jr. MD
CEO, ACR**

Disclosures



- Employed by the American College of Radiology
- Council of Medical Specialty Societies (CMSS) – Member Board of Directors
- Specialty Society CEO Coalition (S2C2) - Chair

AND

I must disclose how proud I am of the response of the ACR leadership, volunteers and staff to the unprecedented challenges of COVID-19



Objectives

- Describe how Crisis Management is like Change Management, only faster and with potentially higher consequences
- Tell the story of the broad scope of ACR responses to COVID 19 to continue guiding and serving our members and their patients
- Discuss how we should “never let a crisis go to waste”



When written in Chinese, the word 'crisis' is composed of two characters. One represents danger and the other represents opportunity.

— *John F. Kennedy* —

AZ QUOTES

“...uncertainty is permanent, chaotic times are normal, change is accelerating, and instability will likely characterize the rest of our lives”

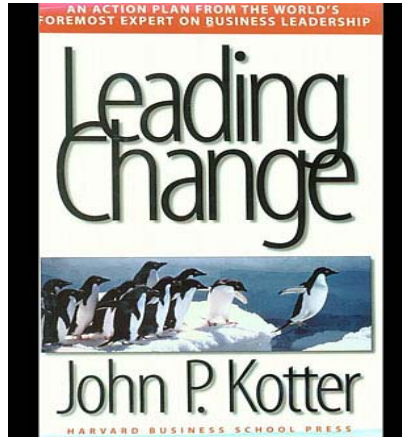
Jim Collins, Morten T. Hansen
“Great By Choice”

ACR STRATEGIC PLAN

- Serve patients and society by empowering our members to advance the practice, science and professions of radiological care.



Change Management on Speed



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KOTTER'S STEPS AND STAGES

"Kotters Eight Steps of Change"



*Kotter, John P. and Cohen, Dan S. *The Heart of Change*. Boston: Harvard Business School Press

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#1 Establish Urgency: Not a problem

- Be sure all understand the nature and severity of the crisis
- Maintain a calm tenor to avoid panic
- Cite past successes meeting urgent challenges



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#2 Build the Response Team

- All must have credibility and conviction to the response
- Need mix of individuals
- Need steady handed demeanor,
 - **Not “hair on fire”**



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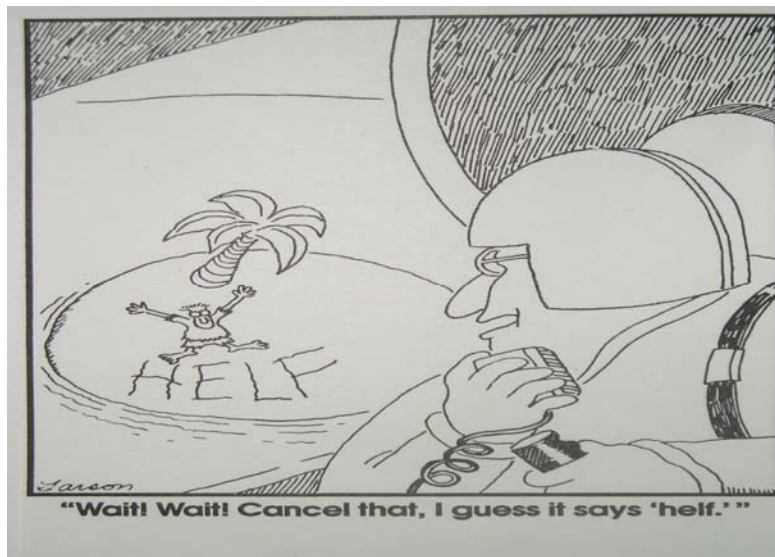
#3 Develop a Change (Response) Vision and Strategy

- Clear and concise vision of the desired future
- Define the key reasons for the response
- Convey confidence that this future is **achievable**
- Select immediate and short term goals

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Must Avoid Miscommunication



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#4 Communicating the Response Vision

- “Talk” *openly, honestly and frequently* about the Crisis
- Describe stages of planned execution
- Need “elevator speech” shared by all
- Be prepared for questions and anxieties
- Lead by your own conviction



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#5 Empower All for Broad Based Action

- Identify network of those clearly engaged
- Promote innovation in line with vision of response
- Recognize and reward those advancing the response
- Identify and counsel those slow to adopt or resisting (or “get off the bus”)
- Remove any barriers to response (structure, IT etc.)

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#6 Celebrate Early Successes

- Visibly recognize the successes and those responsible
- Demonstrate how the quick response has positively impacted other elements of the organization



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#7 CONSOLIDATE GAINS AND KEEP MOVING AHEAD

- Stay nimble (beware the “second wave”)
- Illustrate how you have helped each other
- Evaluate what went right and wrong in the steps taken
- Build on momentum and identify new challenges
- Incorporate the culture of continuous improvement (“Kaizen”)



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#8 ANCHOR CHANGES INTO NEW CULTURE

- Continue to talk about successes and resulting improvements at every chance
- Review Strategic Plan based on new operations
- Incorporate new values and expectations in recruiting and hiring

Don't revert to the old ways when the crisis has passed!



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And Now the ACR Story

- **February 2020:** rising awareness of COVID and resulting staff anxiety
- EVP group brainstorming about “What if...” scenarios
- Reviewed our policies and past responses to other crises
 - Updated “epidemic” policies and thresholds
 - All prior crises had been short term (e.g. Major storms)
 - None had seriously threatened staff health
- Looked at existing infrastructure and potential gaps

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ACR STAFF OPERATING PRINCIPLES

We are One Team
We succeed together. We cultivate trust, treat one another with respect, and assume good intentions. We embrace diversity in ideas and backgrounds.

We are Curious
We embrace, adapt to, and drive change. We develop innovative solutions, take intelligent risks, and learn from experience.

We Listen
We engage in frequent and meaningful communication throughout the organization. We share what we know and explore what we don't know.

We Care
We strive in every interaction to understand and support each other. We are driven to improve the well-being of our communities.

We are Thoughtful
We are objective and transparent. We use data and insight to inform decisions.

We are ACR®

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Early March: Concrete Preparations

- Stress testing our systems
 - In midst of converting to Microsoft Teams
 - One day test IT worked from home; planning all staff
- Examining vulnerabilities
- Reviewing existing experience (e.g. CRI, major renovation) and data on attitudes (prior surveys)
- Major emphasis on communication and reassurance

Sentinel Event: March 15



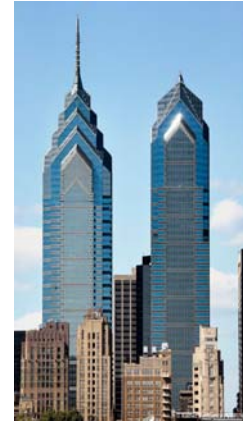
- Staff member who had traveled to subspecialty meeting informed that someone on his flight home the prior week had tested positive for COVID 19.
- Emergency meeting of EVP team
- Data gathering on potential exposure to other staff
- Mid-day decision to release all staff to work remotely for undetermined duration

Early Primary Considerations

- How to make staff fully capable to safely manage full work expectations at home?
 - Technical support
 - Wellness (OSHA requirements, individual issues)
- Ensuring robust communication channels both intra-ACR and extra-ACR
- Providing guidance to members and others on appropriate and safe clinical care delivery

Converting to “Work From Home”

- Locations in VA, MD, DC and Philadelphia; employees in 21 states
- Respective Governors and Mayors issued varied “shelter at home” orders
- ACR CRI has long record of remote workers, rest of ACR with moderate work-from-home penetration (most 1-2 days/wk)



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Converting to Full “Work From Home”

- Flipped the switch that day and have been fully remote working since
- Message to staff: their safety is priority #1
- Seamless to members and external stakeholders.
- Successful due to remarkable IT infrastructure and support as well as adaptable staff

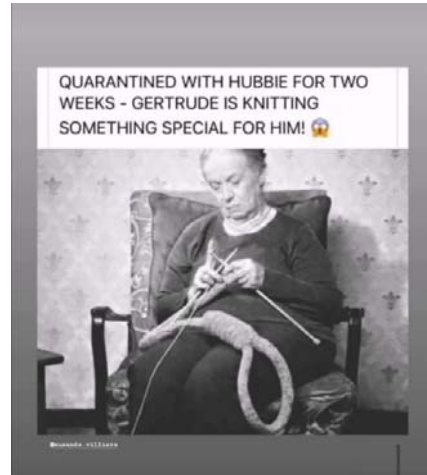


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Trying to Keep a Sense of Humor

Working from home....



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COVID-19 RESPONSE ACTIVITIES

- Internal:
 - Response from across the ACR utilizing staff, Commissions, Committees, infrastructure, and capabilities.
- External:
 - Tapped into major credible sources (e.g. CDC)
 - Worked with approximately 150 other national and state medical associations, non-physician provider groups, government entities, and industry partners.

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The screenshot shows the ACR website interface. At the top left is the ACR logo (American College of Radiology). To the right are navigation links: My ACR, For Patients, Media Center, Contact Us, About ACR. Below these are icons for Cart, Catalog, Donate, Join, Renew, and ACR Jobs. A search bar with the placeholder text 'Enter your search' is present. A horizontal menu contains: Clinical Resources (underlined), Advocacy and Economics, Lifelong Learning and CME, Member Resources, Practice Management, Quality, Informatics, Research, and Log In. Below the menu is a breadcrumb trail: Home / Clinical Resources / COVID-19 Radiology-Specific Clinical Resources. The main content area features a large image of a coronavirus particle with the text 'ACR COVID-19 Clinical Resources for Radiologists'. At the bottom left of this area is a dark blue box with the text '51 RLI Power Hour Webinar Series'. At the bottom right is the Radiology Leadership Institute logo.

The screenshot shows the ACR website interface. At the top left is the ACR logo (American College of Radiology). To the right are navigation links: Welcome, William Thorwarth, My ACR, For Patients, Media Center, Contact Us, About ACR. Below these are icons for Cart, Catalog, Donate, Join, Renew, and ACR Jobs. A search bar with the placeholder text 'Enter your search' is present. A horizontal menu contains: Clinical Resources, Advocacy and Economics (underlined), Lifelong Learning and CME, Member Resources, Practice Management, Quality, Informatics, Research, and Log Out. Below the menu is a breadcrumb trail: Home / Advocacy and Economics / COVID-19 Economic and Regulatory Updates. The main content area features a large image of a coronavirus particle with the text 'COVID-19 Economic and Regulatory Updates for Radiologists'. At the bottom left of this area is a dark blue box with the text '52 RLI Power Hour Webinar Series'. At the bottom right is the Radiology Leadership Institute logo.

The Show Must Go On

The screenshot shows the ACR website header with navigation links like 'Welcome, William Thorwarth', 'My ACR', 'For Patients', 'Media Center', 'Contact Us', and 'About ACR'. Below the header is a search bar and a menu with categories: 'Clinical Resources', 'Advocacy and Economics', 'Lifelong Learning and CME', 'Member Resources', 'Practice Management, Quality, Informatics', 'Research', and 'Log Out'. The main banner features the text 'ACR 2020 Annual Meeting Online' and the dates 'May 16 - 19, 2020' over a background image of people on a globe.

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Supporting Trainees

- Development of multiple resources for residents and medical students to provide them continuous education.
 - Continuous Professional Improvement modules
 - Radiology TEACHES COVID module
 - PFCC Communication Curriculum
 - ACR-AMSER-APDR Lecture Series
 - Lung Cancer Screening Education
 - DXIT Exam sets



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Promoting Safety



- Joint letter with ASRT, ARRT, SDMS, SNMMI and NMTCB regarding access to PPE
- Joint letter with APDR to ACGME in support of ready access to PPE and avoiding unnecessary exposure

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Innovation Can't Stop

- Developing a multi-specialty COVID-19 Registry
 - Using ACR TRIAD infrastructure and capabilities in registry development
 - Real-time data acquisition for analysis to guide Dx, Rx and possible AI applications
 - Working with Q and S to secure MIPS credit



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CHAPTER SUPPORT

- Chapter Executive Update Resources
- Exploring potential use of ACR 2020 Virtual Meeting platform to enhance Chapter Meeting attendance and engagement



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Next Steps: Ready for the Future

- Constant communication
- Early and repeated surveys of staff attitudes
- Planning group for “restore access to the office”
 - **Not** “Return to work” or even “Back to the Office”
 - **Flexibility and personalization key!**
 - Many safety precautions being implemented

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What Will the Post-COVID ACR Look Like?



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Thanks

wthorwarth@acr.org



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WE WILL EMERGE FROM THE SHADOW OF COVID

CRISIS



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Thank you to our faculty!
Now, do you have questions?

Question & Answer

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Before You Go...

- Thank you for attending. Please take a few minutes to share your feedback in the survey that will be sent out Friday.
- The next RLI Power Hour is **Corporatization: The Corporate Perspective** scheduled on **Thursday, October 22, 2020, 7pm ET**
- Go to acr.org/powerhour to register for this or any of the other Power Hour webinars