

Leadership Strategies and Critical Decision-Making During Crisis Situations

Ronald M. Stewart MD, FACS

Southwest Texas Regional Advisory Council

UT Health San Antonio  UT Health
San Antonio
The University of Texas
Health Science Center at San Antonio

University Health System 

American College of Surgeons 



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EMERGENCY
HEALTHCARE SYSTEMS
CONFERENCE

Leadership Strategies and Critical Decision-Making for Complex Problems

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Overview

- Thank You
- Mass casualty response case study
- Importance of philosophy, culture and your Leadership
- Decision making during critical situations
 - Lessons from experienced surgeons
- Communication and coordination
- Strategies for decision making during crisis
 - Inclusive, consensus decision making + bias for action
- Strategies for complex problem solving – Firearm Injury Prevention
- Summary

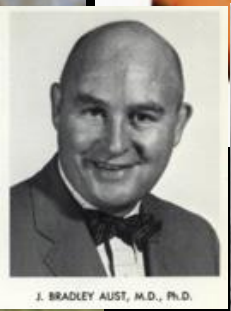




J. BRADLEY AUST, M.D., Ph.D.



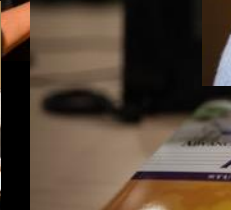
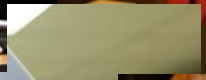
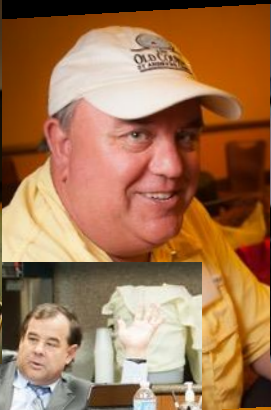
UT Health
San Antonio



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San Antonio







Thank you!

Teachers

Role Models

Teammates

Professionals

Leaders

Your Impact and Leadership



Simple Piece of Advice to a Young Person

“...no matter what you do or become, set a simple goal to help as many people as you can along the way. If you do this, you will be successful and you will be happy.”

Bob Hellman, Midland, Texas c. 1979

Raindrops on a Window

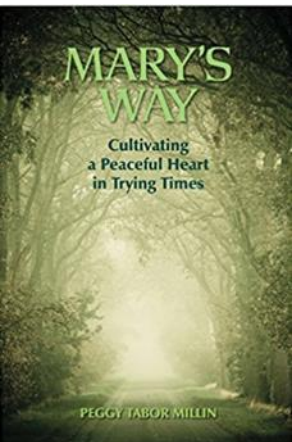
Understanding the Degree of Impact on Others

Conscious leadership

Far more likely to do unconscious harm
than unconscious good

“Our state of being matters to those around us, so we need to become conscious of what we unintentionally share so we can learn to share with intention.”

Peggy Tabor Millin



Mass Casualty Response Case Study

Sunday, November 5th, 2017

- 07:00 AM ACS COT Verification Review Focused Site Visit
 - 2 criteria deficiencies related to PI
- Brian Eastridge TMD, Lillian Liao Pedi TMD, Mark Muir Associate TMD, Liz Scherer, Ronny Stewart
- Faculty on call in-house: Dan Dent, Rachel Cobos
- Resident surgeons: Juan Febres, Michael Johnson, Sade Garcia Henry, Kyle Struzyk, David Lesko Keely Voytovich,
- Tracy Cotner-Pouncy, Dawn Belscamper, Sondie Epley, Rose Bolenbaucher and trauma registrars
- Chief Hospital Administrator, Mike Roussos

Sun, Nov 5, 12:13 PM

1 of 3

FRM:[emsystems-
notification@intermedix.com](mailto:emsystems-notification@intermedix.com)

SUBJ:EMResource - Update 3: MCI
WILSON EMS

MSG:Information: WILSON
COUNTY IS RESPONDING TO A
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MASS SHOOTING WITH
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From:

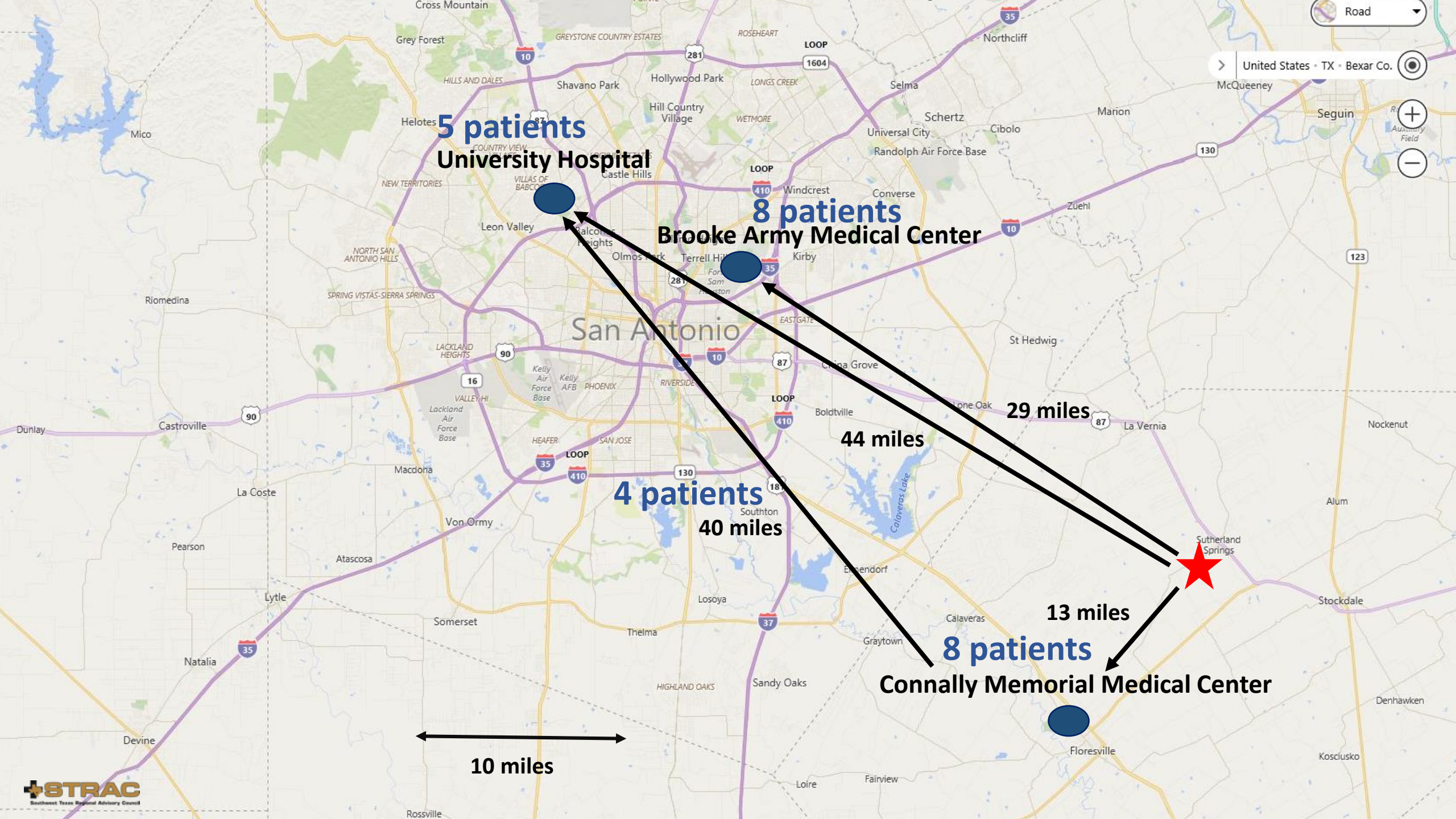
(Con't) 3 of 3

MEDCOM Watch Commander
Regions: San Antonio, TX(End)

Subject

Text Message





5 patients
University Hospital

8 patients
Brooke Army Medical Center

4 patients
40 miles

8 patients
Connally Memorial Medical Center

10 miles

29 miles

44 miles

13 miles

Federal Response
Millions of actions

State Mutual Aid Response
Hundreds of Thousands of Actions

A Local
Incident

Local Response
Dozens Actions

Mutual Aid Response
Thousands of Actions

Sutherland Springs Initial Overview

Confusion and Inaccurate Info is the Norm

- 11:20 shooter across the street from church
- 11:20-11:27 shooting at the church
 - Enters church
 - Shoots 46 of approximately 50 in the church
 - 11:27 Dispatch law enforcement and EMS
 - 11:31 First law enforcement on scene
 - 11:31 Shooter flees and is pursued by good Samaritan
 - 11:31 Wilson County EMS on scene
 - 11:36 Connally Memorial Hospital picks up scanner traffic
 - 11:37 10 EMS agencies dispatched (3 Air Medical providers)
 - 11:45 STRAC MedCom notified by Connally Memorial
 - **> 200 separate, coordinated agency response actions**
 - Thousands and thousands of separate decisions



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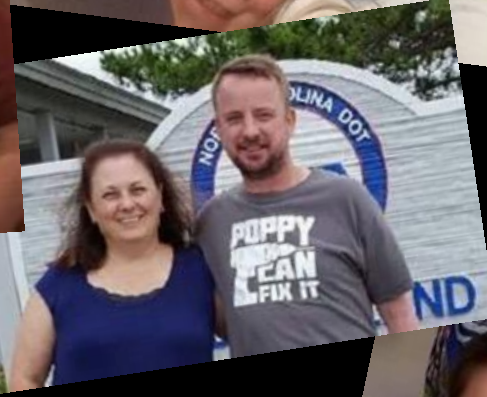
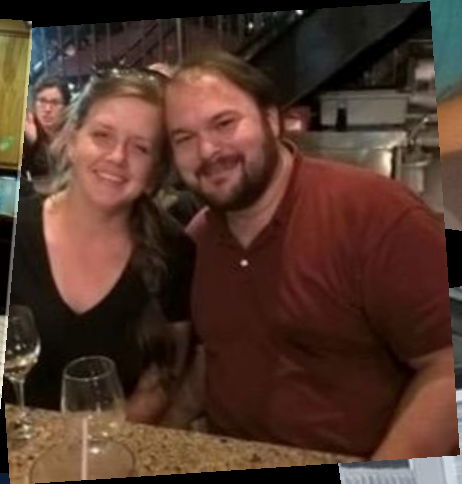
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Patient Outcome and Distribution

- Connally Memorial – 8 patients directly from scene
 - 4 transferred to University
- BAMC – 8 patients
- University Hospital – 9 patients
- 26 total deaths
 - 25 deaths on scene
 - 1 death in the OR at University
 - 5% hospital mortality rate
 - 57% event mortality rate
- Opportunities
 - Stop the Bleed Training and Equipment
 - Prevention





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Philosophy and Culture



Philosophy Matters and Endures

“...In these things and by the very nature of your daily routine you are compelled to be philosophers...Philosophers rule the world...” The person “of action may not know that this proposition is true. But that is beside the point.”

“Now there is good philosophy and indifferent or bad philosophy. Of these you must choose....”

John G. Bowman, Director of the American College of Surgeons 1916



TRANSACTIONS OF SOCIETIES

AMERICAN COLLEGE OF SURGEONS

ANNUAL MEETING OF THE FELLOWS HELD IN PHILADELPHIA, OCTOBER 27, 1916

Philosophy Matters and Endures

“Are you in the practice of surgery primarily to make money? Are you in it primarily to relieve suffering and to prolong life? Are you in it to lift your community to a plane higher than it would be without you? Can you find your equation in scientific research? Are the inspiration and thrill which come from entering an unexplored field of truth and in finding there something of lasting benefit to humanity—are these things known qualities of your equation?”

John G. Bowman, Director of the American College of Surgeons 1916



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“Oh, he was doing great until he started talking about changing our culture.”



*Is There a Surgeon
in the House?*



Walter J. Porjes, MD, FACS

7 P's to Be

- Participatory – Be friendly and collaborative
- Professional – our *Profession*
- Problem solver – Promote a culture of Yes
- Performance improvement leader
- Passionate
- Patient
- Perseverant

7+ P's to Be

- **Prepared**
- Participatory – Be friendly and collaborative
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Philosophy

Core of the Profession

- We dedicate ourselves to the service of humanity, and most importantly **we place the needs of the patient above those of the doctor.**
- We will base our knowledge and actions on objective scientific truth as best we can determine it.



Richard Moulton, 1999 Annual Meeting of the Trauma Association of Canada.

Build Consensus on the Foundation

Resonates with Most Surgeons and Health Care Professionals

- Patient focused
 - **What is the right thing to do for the patient?**
 - The patient's needs come before the surgeon, the hospital or the organization
- **Bias towards action**– can do attitude

Decision making during critical situations

Practical lessons from practicing surgeons

Surgeons' Approach to Critical Situations

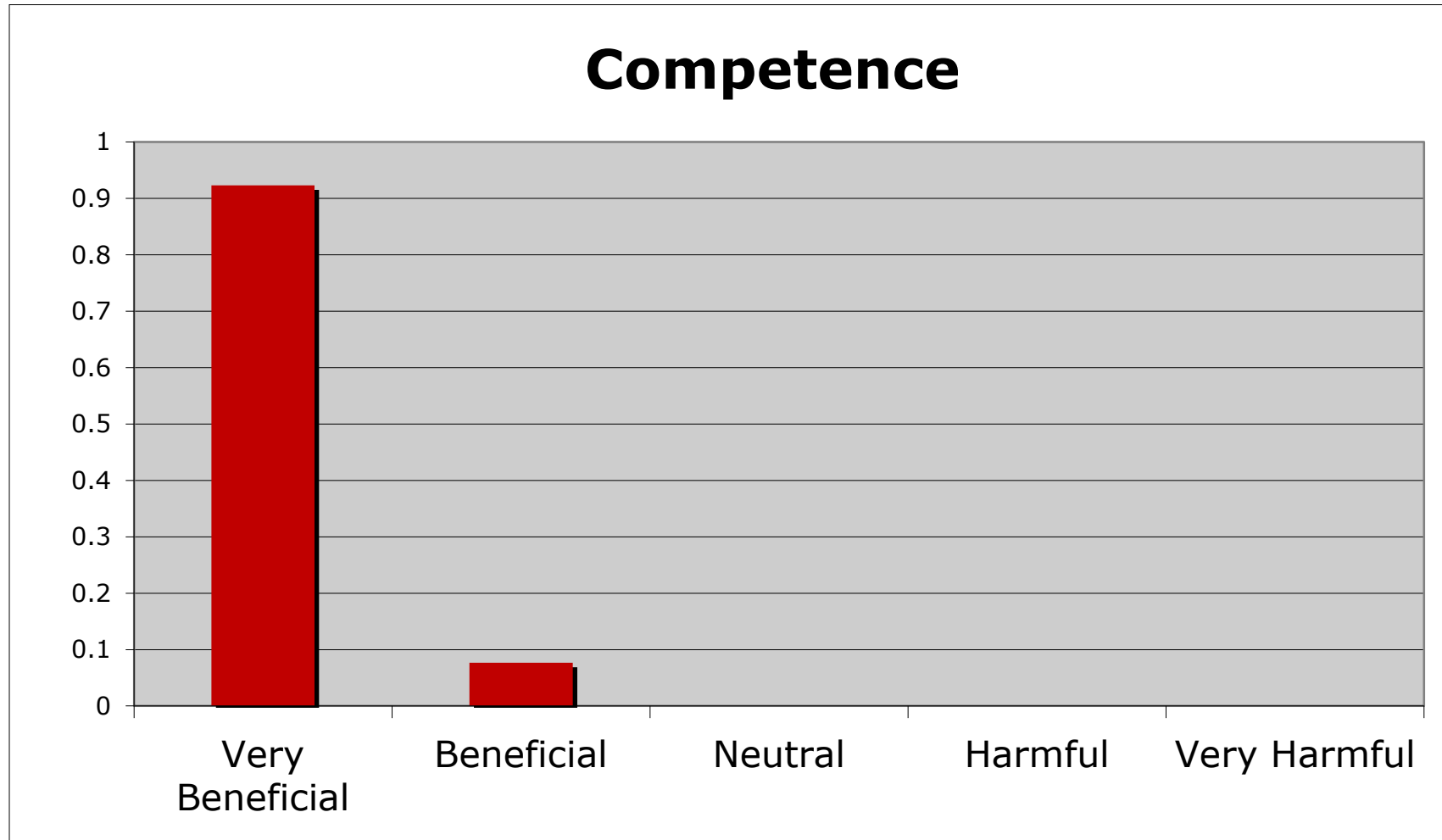
- Attending surgeons and senior surgical residents interviewed
- Texas Surgical Society members surveyed
- **Definition of Critical Situation**
 - Life or function at risk
 - Decision or technical intervention is required
 - Adverse conditions or time sensitive

There are differences in the way individual surgeons perform during critical situations?

- Yes 98.6%
- No 1.4%

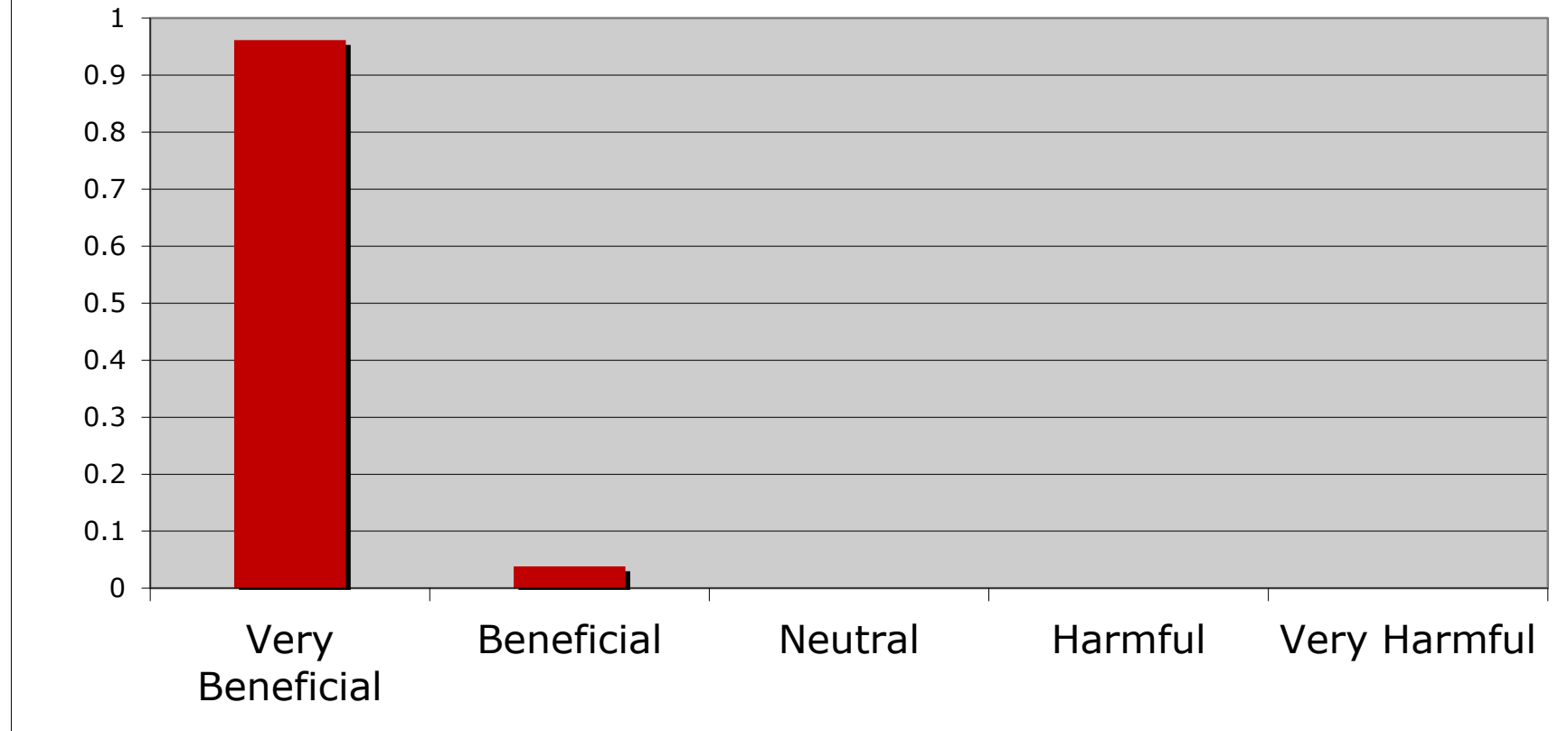
A scenic view of a blue ocean under a cloudy sky, with a rocky coastline visible in the distance. The sky is filled with soft, white clouds, and the ocean is a deep blue. In the foreground, there is a rocky coastline with green vegetation. The text is overlaid on the left side of the image.

Positive Attributes
To Be Encouraged and Taught



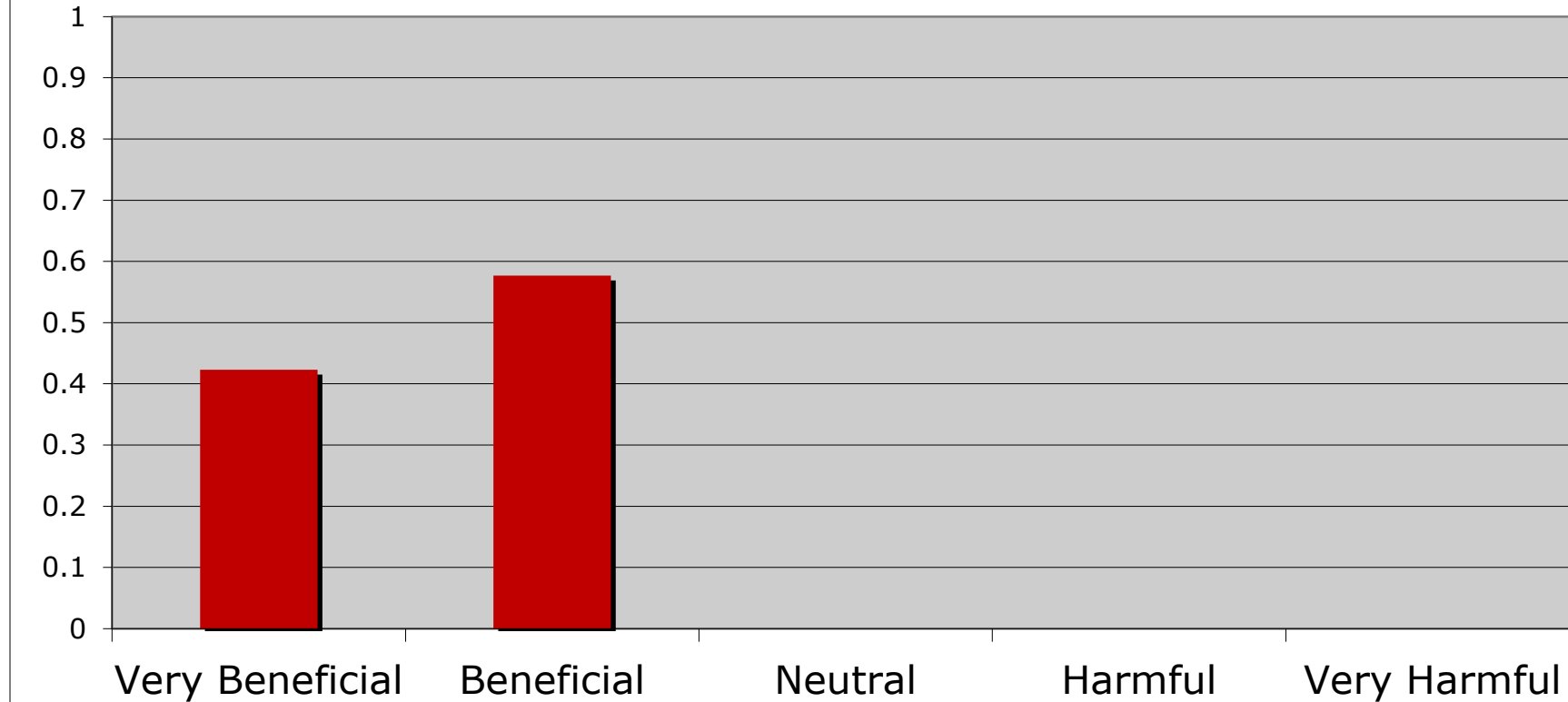
“Confidence, competence and composure are an immunization against the negative effects of fear, frustration and fatigue...”

Composure



“Maintain focus and maintain composure. I think you can think clearer if you maintain some sense of internal order in your own head...”

Confidence

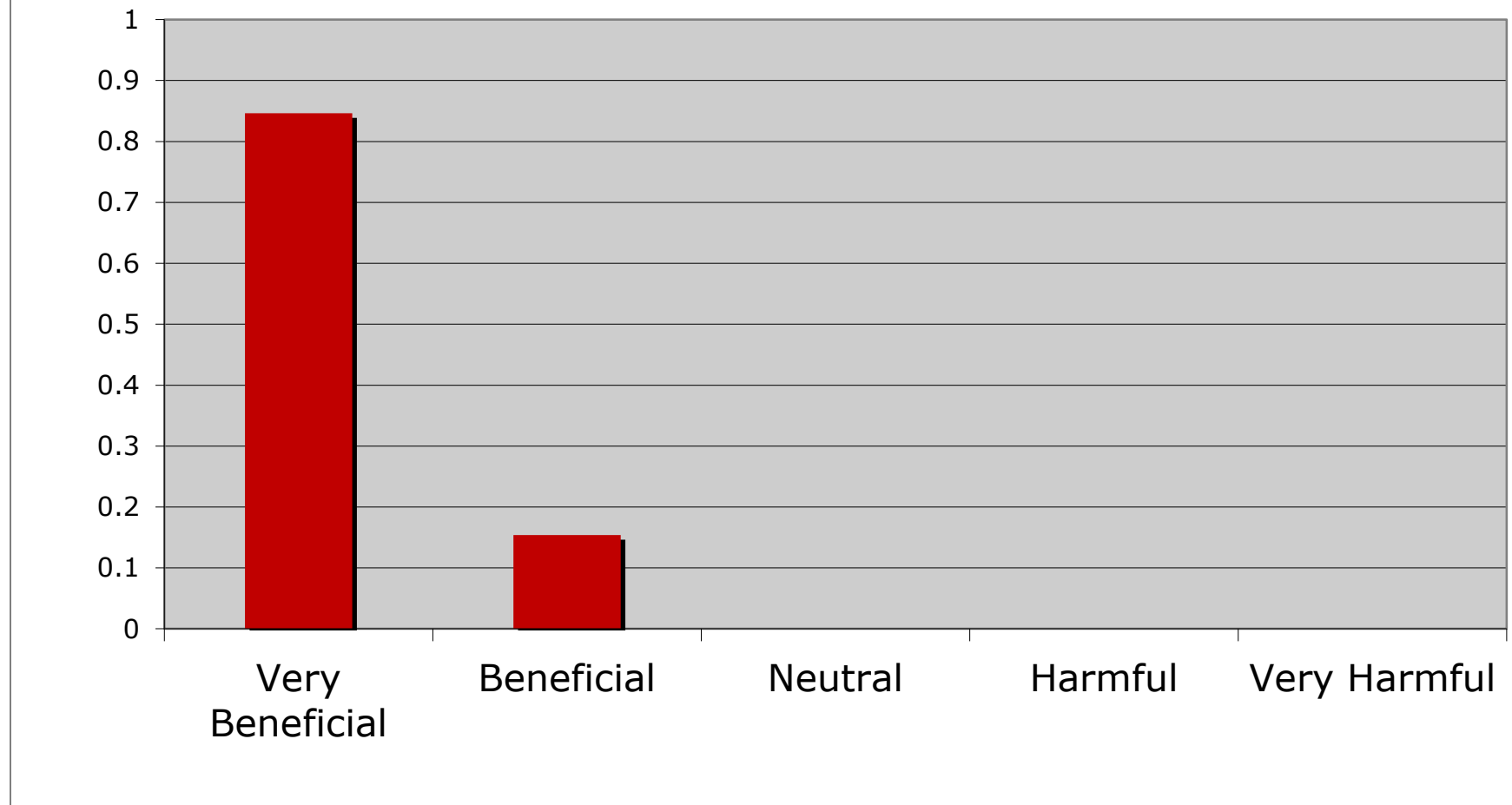


“To me, believing you can do it is basic planning—confidence serves the surgeon as the blueprint serves the carpenter”

Confidence – Not Arrogance

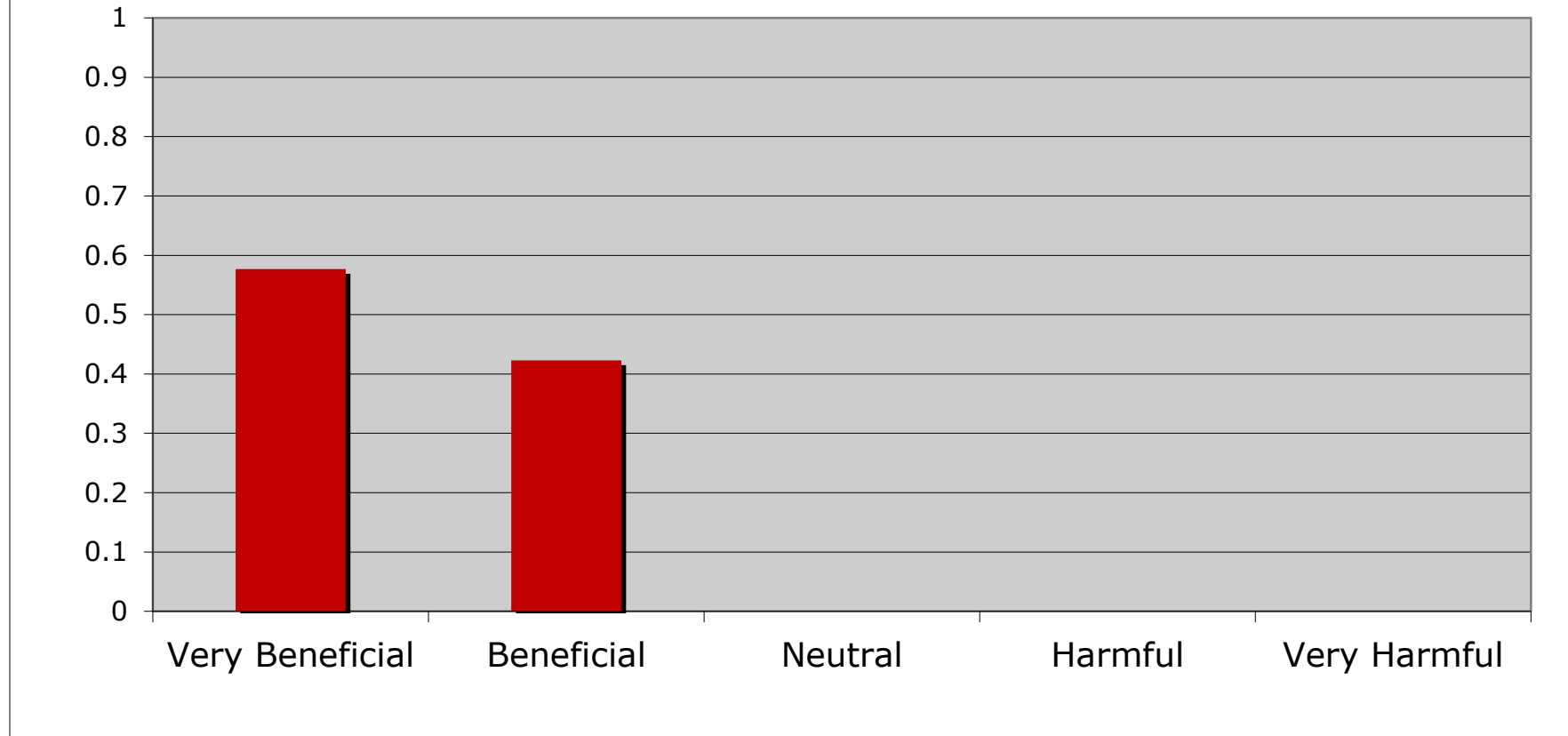
- Confidence = the belief that we can and we will achieve the goal
- Arrogance = the belief that I am better than you

Focus



“Step back and see everything’s covered and do a systematic evaluation. Then do what you need to do...”

Preparation



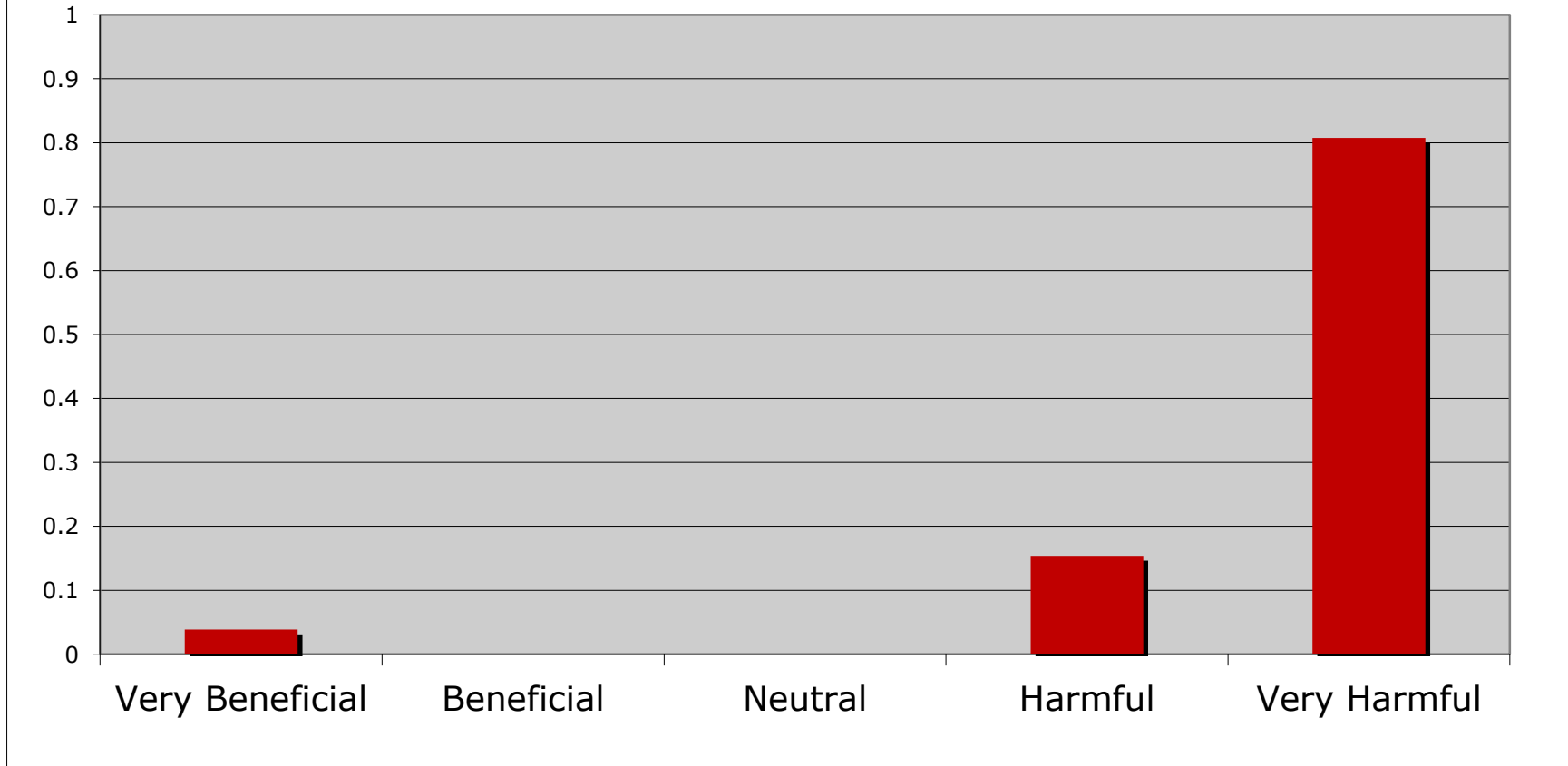
...if you go into uncharted territory, you wouldn't want to be like the fella who went out into the woods in the winter and got cut off and starved to death, he didn't bring maps, he didn't know that a mile down the river there was a bridge...



Negative Attributes To Be Avoided

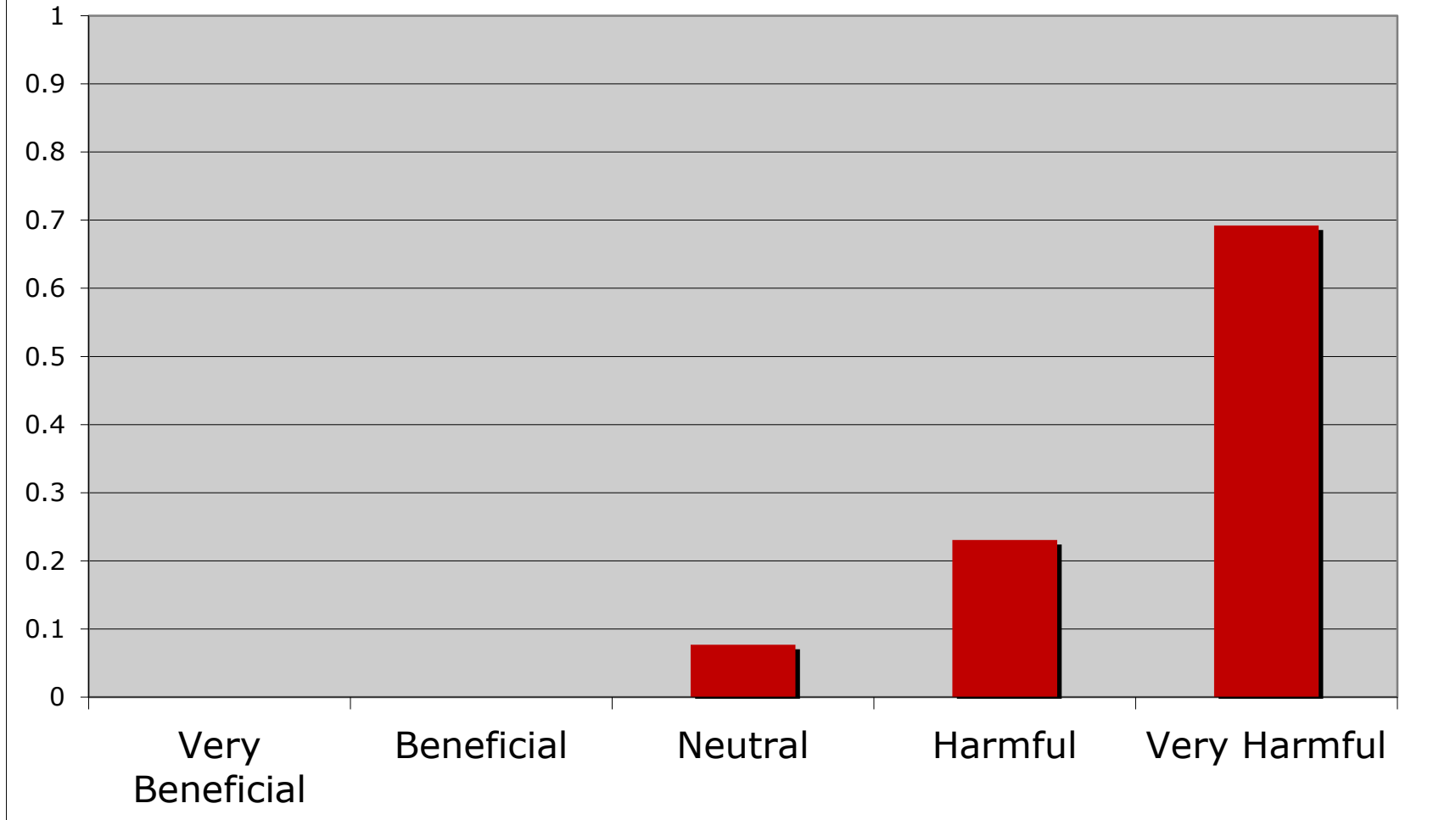
Wiggins-Dohlvik K, Stewart RM, Babbitt RJ, et al. Surgeons' Performance During Critical Situations: Competence, Confidence, and Composure. *American Journal of Surgery*. 2009;198(6):817-823

Panic



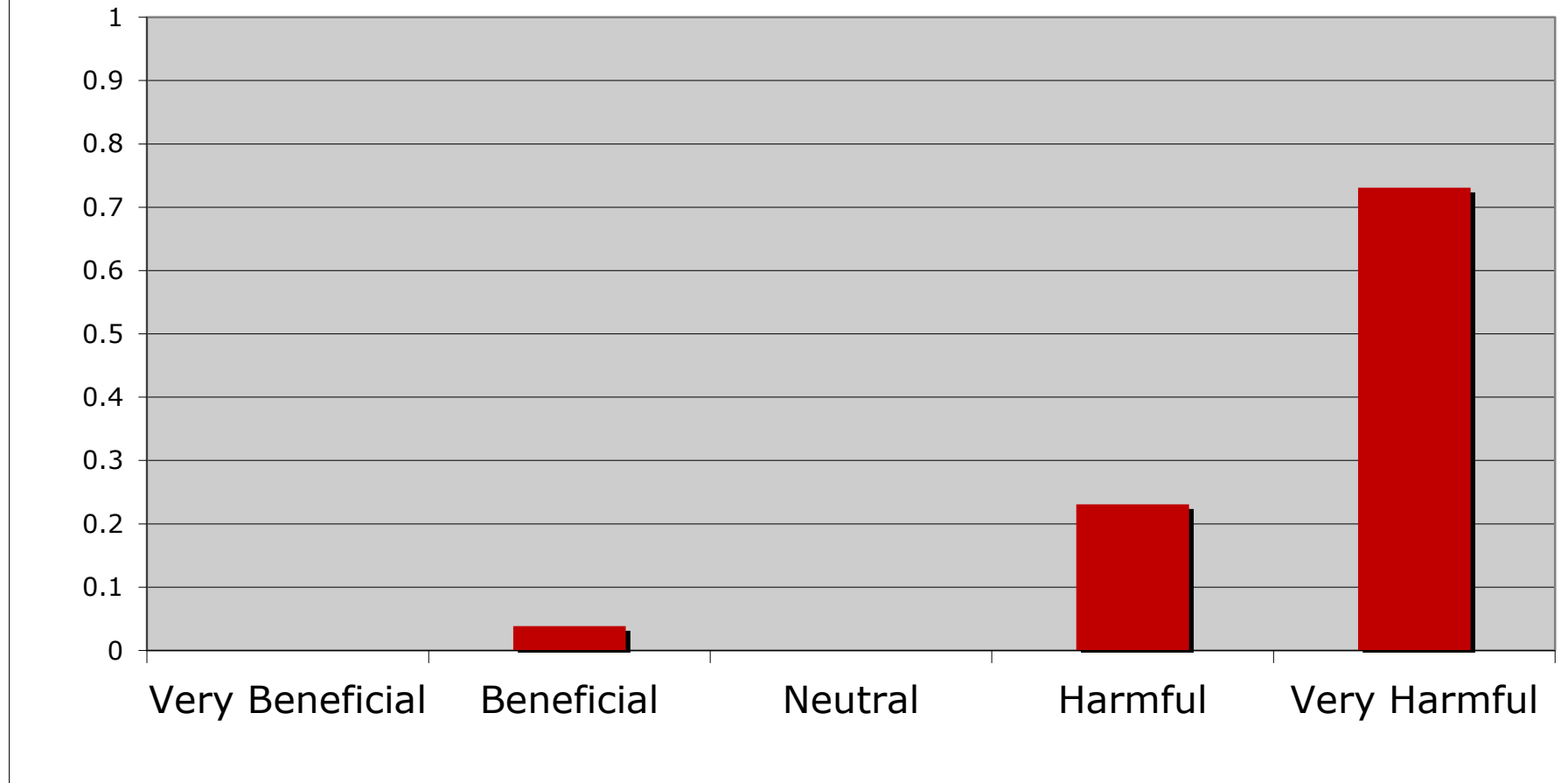
“I try to control those emotions to avoid a physiologic fight or flight response, which may be beneficial if you are running from a predator, but in surgery a fight or flight response by the surgeon is almost invariably hazardous to the patient’s health.”

Anger



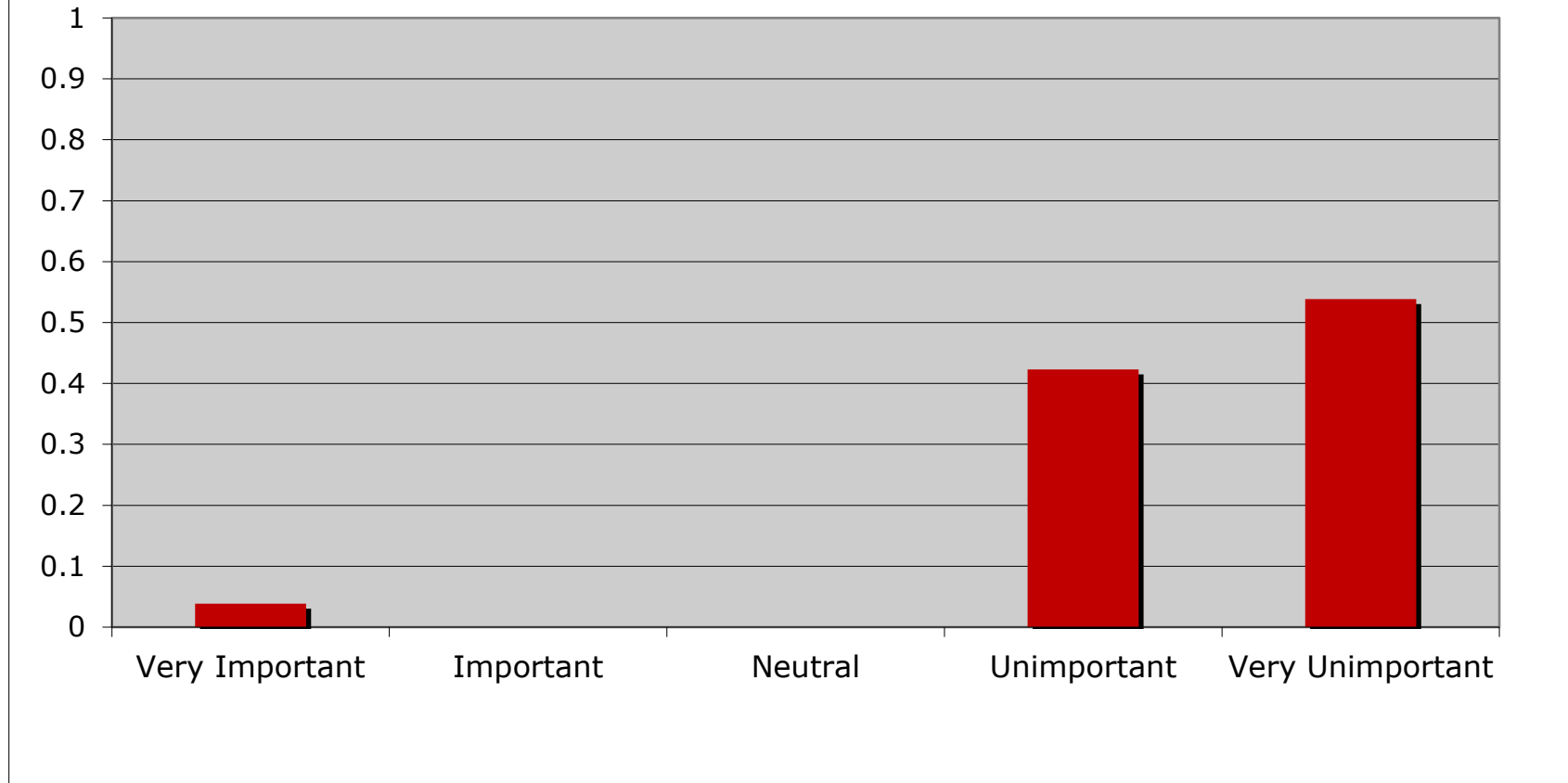
“Frankly if the surgeon is calm, everybody is calm, and if the surgeon gets excited, everybody gets excited...”

Chaos



“We sort of take an attitude of calming the room and then going back to first principles: stop the hemorrhage and you start the heart, whatever it is. It’s kind of a straightforward approach and it’s never improved by yelling and screaming...”

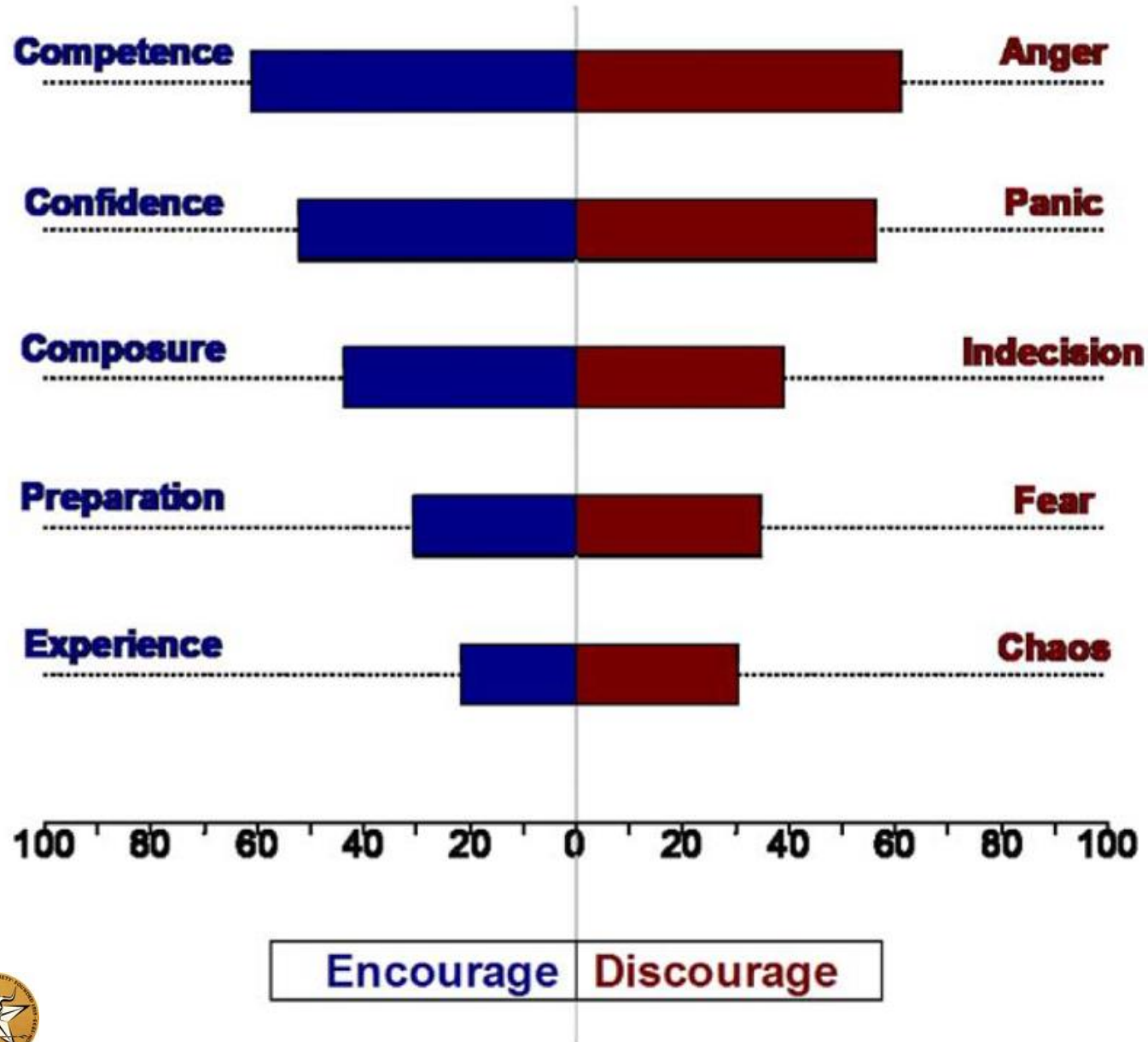
Indecision



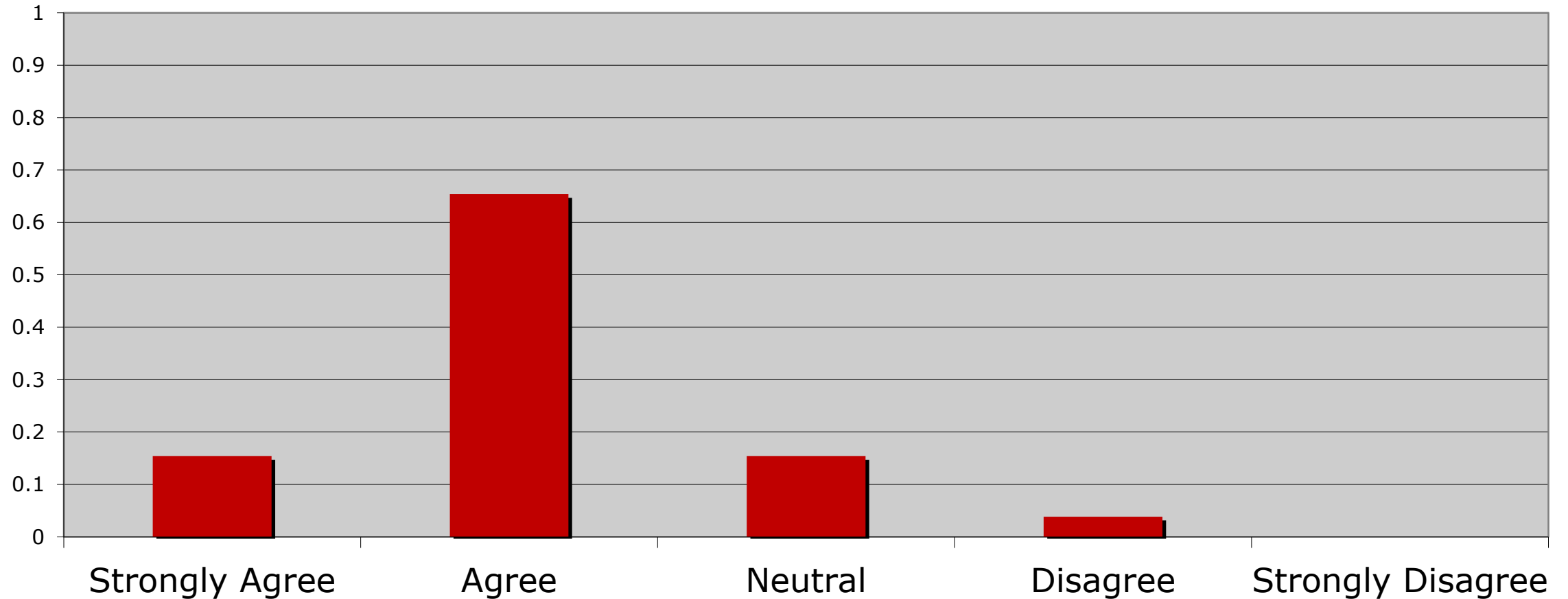
“Make a decision based on what you have in front of you and then just do it.”

Attitudes, Knowledge, Beliefs Survey

Top 5 words during critical situations

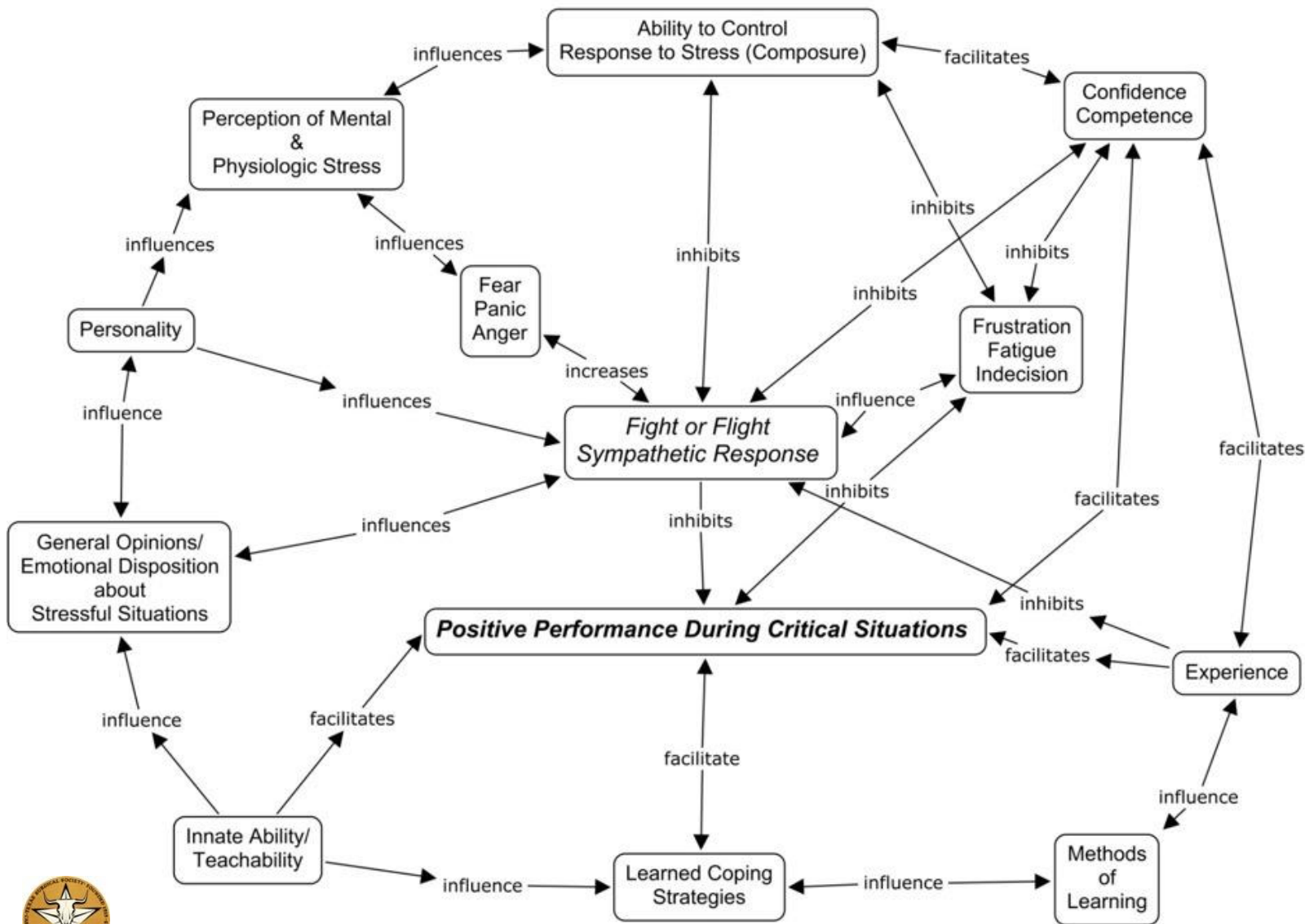


Skills, I employ, can be taught to residents or students.



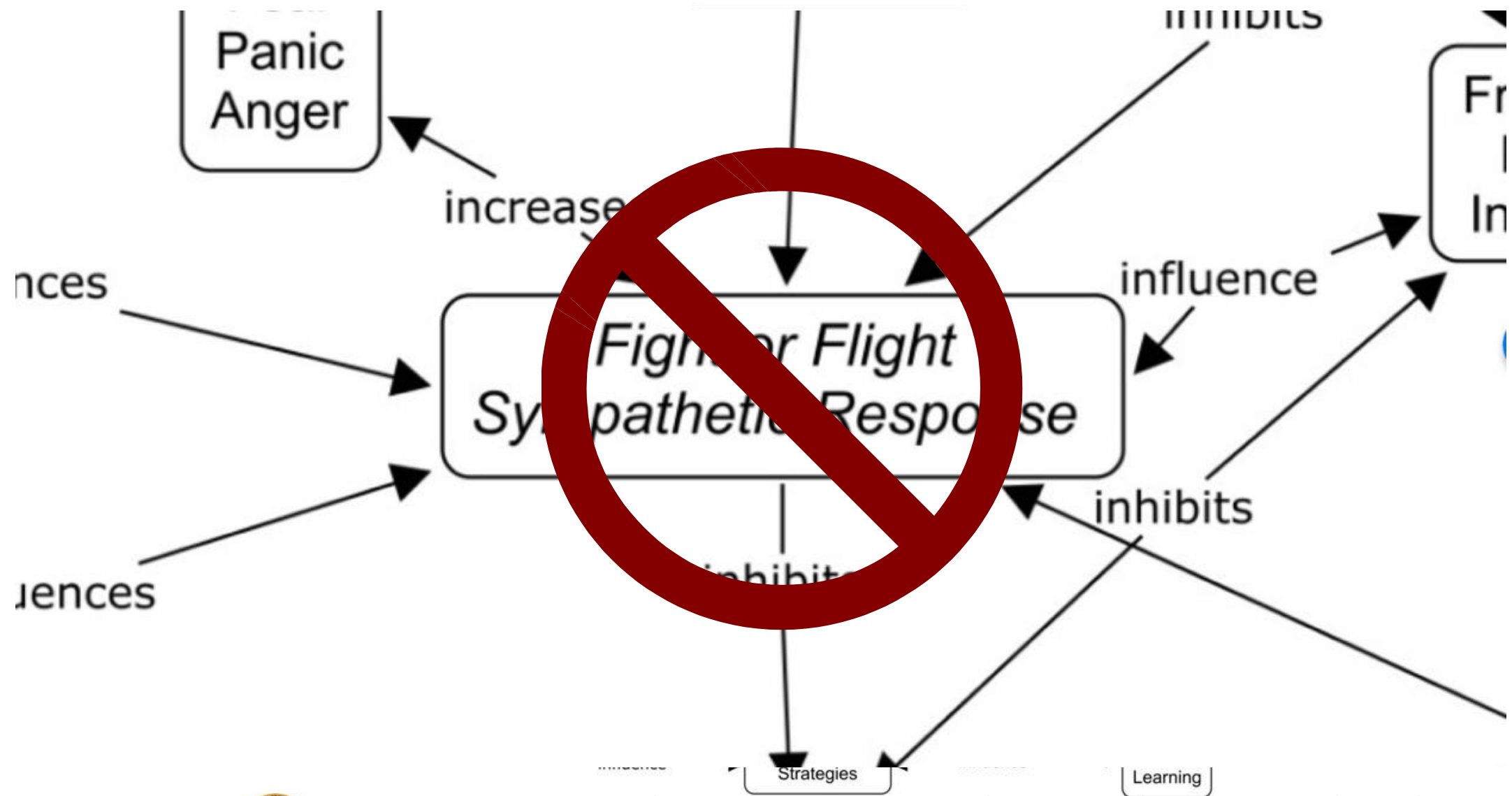
Hypothesis Concept Map

Factors Influencing Performance
During Critical Situations



Hypothesis Concept Map

Factors Influencing Performance
During Critical Situations



Summary

- Surgeons use learned techniques to improve performance under pressure.
- Teachable
- Confidence, competence, composure, preparation, and experience
- Fear, frustration, fatigue, anger, panic, indecision, chaos

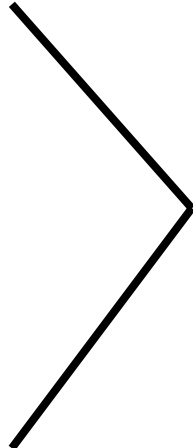
Summary: Methods to Improve Function

- 1) Pre-event preparation
- 2) Personal emotional control—Management of anger, fear, frustration and fatigue
- 3) Maintaining confidence and composure
- 4) Techniques learned from repeated experience
- 5) Environmental control—focus on maintaining a functioning team
- 6) Focusing on the big picture
- 7) Maintaining or restoring order

Communication and Cooperation

Pillars of a Modern Trauma System

- Prevention
- Acute Care
 - Communications systems
 - Prehospital
 - Hospital
- Rehabilitation
- Framework for Disaster Preparedness



**Requires, timely,
structured
cooperation and
communication.**



How Do Trauma Systems Reduce Risk of Mortality?

- Setting and verifying standards
- Ensuring availability of resources
- Coordinating care
- Performance improvement

Evidenced based self governance

Timely Structured Cooperation and Coordination

Chair of Surgery

Apparently similar to managing a touring Cricket team...

Being the manager of a touring team is rather like being in charge of a cemetery – lots of people underneath you, but no one (seems to be) listening.

Rev Wes Hall, 1995





Disaster Pearls and Pitfalls

- Mass casualty situations are different
- Planning is essential
- All disasters are local
- Medical care is the primary goal
- Physical trauma is the most likely affliction
- Communications most likely pitfall
- Training and collaboration are essential

Modified from Frykberg



Problems Common to Disasters

- Communications failures
- Unworkable and untested plans
- No functional trauma system

Communications

- Far more important during disasters
- Far more likely to fail during a disaster
- Communication failure common denominator of majority of disaster response problems

- **Why so important?**
 - Right information to right people in the right amount of time = effective response





Sun, Nov 5, 12:13 PM

1 of 3

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From:

(Con't) 3 of 3

MEDCOM Watch Commander
Regions: San Antonio, TX(End)

Subject

Text Message



Strategies for decision making during critical situations?

- Improving quality and tempo of
 - Communication
 - Cooperation
 - Decisions

Leadership in a Regional Context

Challenges and Opportunities

- Other than yourself, you control virtually nothing
- Multidisciplinary participants with a broad range of experience and skill sets
- Competitors
- Politics
- Geography
- Control virtually nothing, BUT You can influence virtually everything
 - Can really make a difference

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Cooperation + Competition = “Coopetition”



People: Your Most Important Resource

- Knowledge/Skills
- Vision
- Purpose
- Time

Human Capital

People: Your Most Important Resource

- Shared
 - Knowledge/Skills
 - Vision
 - Purpose
 - Time

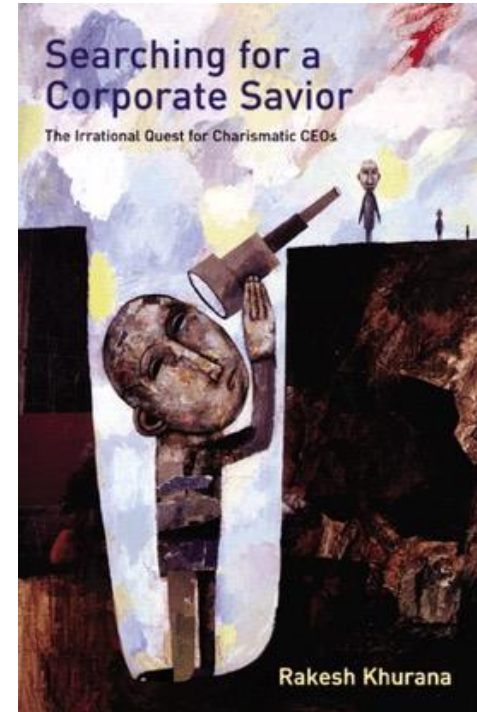
Social Capital

Decision Making Styles

- Autocratic
- Democratic
- Collective – Participative
- Consensus

Consensus vs. Smart Leader

- Is the smartest person in this room, smarter than the collective intelligence in this room?
- *Never*; IF the creative vision and energy of all in the room are harnessed



Critical Elements for Maximal Success

- Work
- Talent
- Network of support



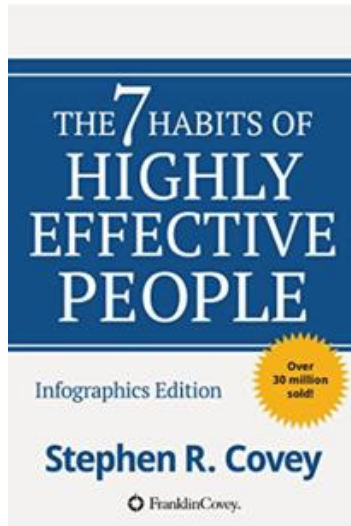
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Consensus Decision Making

- Higher level of decision making
- Win-Win thinking
- Dialogue leads to creative alternatives
- Don't all have to fully agree, but agree enough that we can move forward



Consensus Decision Making

- Requires
 - Active participation and dialogue
 - Respect and professionalism
 - Practice and skill
 - Creative problem solving
 - Responsibility for outcome
 - Patience
 - Persistence
 - Passion
- Best with diverse teams or teams of competitors – reduces groupthink
- Bias toward action

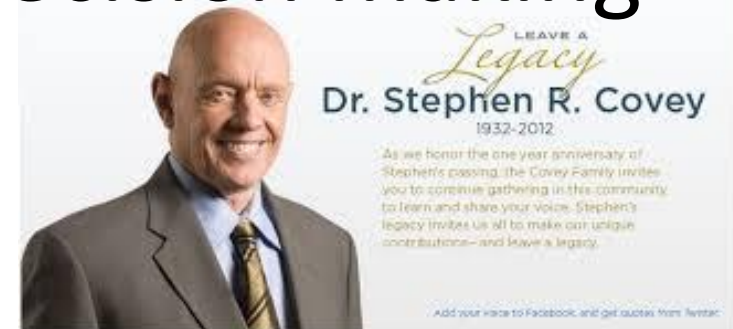


STRAC Innovations

- Complete Military Civilian Integration
- MEDCOM
- Regional EMS EMR and Registry
- Regional hospital registries
- First funding bill of Texas trauma system
- Integrated Disaster Response
 - Regional Medical Operations Center
 - Emergency Medical Task Force with Ambulance Strike Teams
- Model for DOD Joint Trauma System
- Secure ID Badging Project
- Expansion to Emergency Health Care System
- Prehospital research platform
- Law enforcement navigation/Mental Health Partnership

Social Scripting Around Outcomes

- Win – Lose
- Lose – Win
- Lose – Lose
- Win – Win
- Win – Win or no deal = Consensus decision making



Consensus Approach

Requires

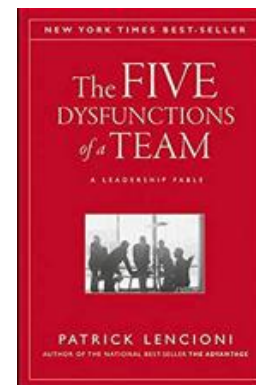
Freedom with Responsibility

Generates

Trust

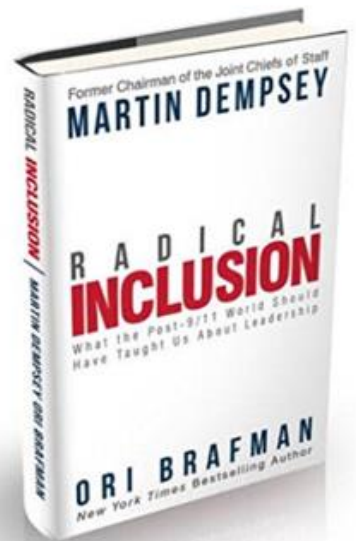


Modified from P. Lencioni: 5 Dysfunction of a Team



Strategy for Decision Making During Crisis

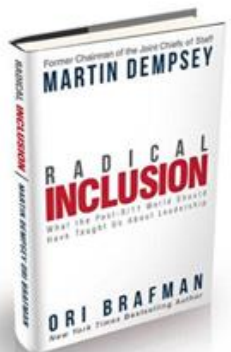
- Maximally inclusive
- Dialogue and consensus centered upon:
 - What is the right thing to do for the patient?
- Timely
 - Structured Cooperation
 - Communication – robust and redundant
- Bias for action





We believe that what pulls us apart today, whether in business, the military, or politics, is exclusion...

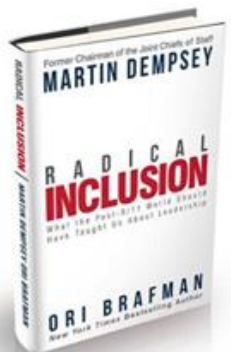
Here's our bottom line. Inclusion is harder and can be slower, but it is a necessary precondition for achieving effective, efficient, and enduring solutions to complex problems.



Dempsey, Martin. Ori Brafman *Radical Inclusion: What the Post-9/11 World Should Have Taught Us About Leadership* (p. 172). Missionday

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Freedom with Responsibility: A Consensus Strategy for Preventing Injury, Death, and Disability from Firearm Violence



Firearm and Violence Narrative

- Firearms generally harmful
- Generally unnecessary in civil life
- Decrease personal liberty because of increased risk of harm
- Emblem of violence
- **Gun Control translates to Violence Control**

"The time is now for political differences to be set aside, for polarizing and incendiary language to be avoided and for our energies to be devoted to thoughtful policy development and specific actions in the context of a public health model."

Common American Narrative

Inclusive of the Two Conflicting Narratives

- Liberty protected by the US Constitution
- Violence major cause of preventable death & suffering
- Significantly reduce death and disability by:
 - Working together
 - Understand & address underlying causes of violence
 - Make firearm ownership as safe as possible



Firearm and Freedom Narrative

- Firearms generally beneficial
- Necessary for personal protection and safety
- Protected, Constitutional right
- Emblem of freedom
- **Gun Control translates to Freedom Control**

"We all own the epidemic of violence in America and courageous leadership is needed. Firearm owners, those who don't own firearms, advocacy groups across the spectrum, the faith community...and the general public must commit to working together."



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Summary

Optimal Control and Function Requires Maximal Inclusion

1) Your leadership is critical

2) Pre-event preparation essential

3) Personal emotional, environmental control and order—optimized by an experienced maximally inclusive team

4) Step back—focus on the big picture

5) Range of decision strategies and styles required; however:

- Maximally inclusive decision process with bias towards action most effective for mass casualty events and
- Mandatory for complex problems where a durable and effective solution is required

Thank You and Questions



Sutherland Springs Videos

- <https://www.youtube.com/watch?v=Sgn7Ca4KkuM>
- <https://www.youtube.com/watch?v=UpwVoN7BdYQ>