

PERSPECTIVE



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This issue of *Leadership Perspectives* is the final one in a four-part series on crisis management in academic health centers. In the first three issues, academic health center leaders shared first-person, frontline accounts of dealing with cyberthreats; hurricanes and

flooding; and earthquakes and fires. In this final 2019 issue, leaders present lessons learned and wisdom gained from situations that challenge an institution's integrity. These are some of the thorniest, most challenging, and perhaps longest-lasting and farthest-reaching events that a leader can face.

Angela Franklin, PhD, president and CEO at Des Moines University, discusses her experience with successful management of the institution's reputation and standing in the community as they proposed development plans to their neighbors and, ultimately, made the decision to relocate their main campus. She describes elements essential for success, such as building trust, clarifying vision, and a touch of creativity, noting that "what began as a painful dead-end, turned into an exceptional opportunity."

In his commentary, Richard Homan, MD, president and provost at Eastern Virginia Medical School, discusses two significant crises he has had to manage in his career. He highlights the importance of gathering the facts and being transparent about the findings. Also, he notes that having an established "culture of trust" is important as well as determining in advance who will be the team to help manage a crisis.

Lilly Marks, vice president for health affairs at the University of Colorado Anschutz Medical Campus, raises several important points necessary to successful management of a crisis that affects an institution's reputation. Notably, "the tone that a leader sets in the face of a crisis is critical as is the institution's underlying culture." She makes the case that institutions "may not be judged responsible for the precipitating event, but they will certainly be called to account for how they responded."

Crisis management plans need to be comprehensive to provide leadership teams with appropriate structure and guidance, and flexible to give leaders the latitude to respond to each unique challenge. And, as highlighted by the three commentaries in this issue, there are several underlying key elements—such as clarity, transparency, and immediacy of response—that are crucial to successfully navigating any crisis that may jeopardize an institution's integrity.

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ASSOCIATION OF ACADEMIC HEALTH CENTERS LEADERSHIP PERSPECTIVES

Crisis Management: Institutional Integrity



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When Des Moines University was denied rezoning of its property, confusion turned into creativity. And, a new campus is being born. Here are a few lessons we learned in ensuring institutional integrity during a critical process.

Communicate, beginning to end. Des Moines University (DMU) needed a zoning change to expand parking and make infrastructure upgrades. We kept the campus fully informed of our process and outcomes of meetings with the city. In the end, DMU’s proposal was rejected, which was fueled by angry neighbors concerned about any expansion on our property. The crisis? There could be no further growth at the current location.

Recognize the opposition, know when to fold. Attempts to mitigate perceived failure of DMU to meet storm water drainage issues as well as the challenge of growth in a residential neighborhood led us to acknowledge defeat and focus on alternate strategies. As President/CEO, I needed to decide how long we could “live” on 14 acres, without any option to expand on the additional 10 acres we own.

Protect the reputation of the university. DMU enjoys a 120+ year legacy of excellence in the health sciences with a strong reputation of community engagement, fundraising success, consistent strong student performance, growing research enterprise, as well as previous recognition as the nation’s top producer of family physicians. To sustain institutional integrity, we *needed a creative solution – sooner rather than later*. The challenge pushed us to make a bold decision to relocate the campus.

Clarify the vision. Keeping the Board apprised of the challenge led to tough questions: Can we really imagine the future of DMU being forced to live on 14 acres? What President can sustain an enterprise that is static? How could we continue to grow, given dated facilities and limited parking? Can we sustain competition in the industry? What began as a painful dead-end, turned into an exceptional opportunity.

Trust in leadership. Having completed eight years as President/CEO, I enjoyed a strong and positive relationship with my board. They embraced my vision for the potential of our institution and my ability to lead the university into a transformative future. Our campus is now imagining a future of innovation, embracing bold thinking to build a progressive health sciences university. With the purchase of 88 acres of land only 10 miles west of the current campus, we can now reimagine medical education and the future of Des Moines University.



“ To sustain institutional integrity, *we needed a creative solution – sooner rather than later.* ”

Richard V. Homan, MD

President and Provost
Eastern Virginia Medical School

Not all emergencies are followed by calls to 911 or the Code Blue Team. I have managed significant administrative crises at two institutions. One challenge came in 2003 when a faculty member reported to his chair that cultures of the bacteria *Yersinia pestis*, which causes plague, had gone missing from his lab. This occurred during the national anthrax scare and resulted in the FBI coming to my home at 2:30am after I notified law enforcement to investigate the possibility of bioterrorism. I was told that aides woke President George W. Bush to inform him about the incident. The second crisis was precipitated when the press published photographs of individuals – one in blackface and one in a KKK robe – from the 1984 medical school yearbook page of our sitting governor. While these two crises were different in nature, our responses were similar: start with gathering facts and include intentional communications with the academic community, the public, and external stakeholders.

In times of crisis, it is critical to first gather as many facts as possible. The truth is usually less threatening than the rumor. I have found it invaluable to predetermine the members of a team that can help manage, address, and communicate about a crisis contemporaneously. In both cases noted above, my team included university leadership, the general counsel, and communications staff.

Once the facts are established, it is best to be transparent, objective, and forthright in communications. Everyone should understand that you are trying to be as open as possible. It is also important to communicate up, down, and across the chain of command and to share as much information as possible.

Often, a leader’s ability to communicate about given incidences can be limited. In the case of the missing bacteria, for example, circumstances resulted in the institution being placed under legal constraints, which greatly limited public comment. In such cases, it is advantageous if a leader already has a culture of trust among colleagues through previous work and actions. If you have “banked” a certain amount of political capital by showing that you are honest and fair, those reserves can be invaluable when in times of crisis you must say “I cannot talk about certain things today.” If you have already shown yourself to be scrupulous, people will respect why you cannot be as open as you might otherwise want to be, and they will trust you to do the right thing.



“ Start with gathering facts and include intentional communications with the academic community, the public, and external stakeholders. ”

Lilly Marks

Vice President for Health Affairs
University of Colorado Anschutz Medical Campus

Institutions face different kinds of crises. Some come from outside the institution, such as hurricanes or floods. Others originate from within the institution, such as malfeasance, sexual harassment, scientific integrity, or clinical care issues. While aspects of crisis response might be similar, the first thing a leader must do is recognize the differences that a given crisis embodies. Response plans need to reflect those unique challenges.

The tone that a leader sets in the face of a crisis is critical as is the institution’s underlying culture. In moments of crisis, you cannot manufacture a culture of authenticity, transparency, and integrity. You have to build that over time in ways that will help sustain and support the institution in a time of crisis. Similarly, you can’t manufacture fully developed crisis response plans and processes in the midst of the storm. Institutions benefit greatly from proactive crisis training and simulations, communication and media strategies, and processes for coordinated response.

The importance of managing reputational risk is critical, but it cannot be at the expense of lives, safety, honesty, or truth. When it comes to managing the institution’s reputation, it is not just about doing things right. It’s also about doing the right thing. In crises, however, inherent conflict of interests can make doing the right thing difficult. An example is the tension between pressure to contain legal liability versus the need to communicate about given situations to various stakeholders. In such cases, leaders must walk a fine line. At the end of the day, though, communication and transparency, as much as possible, is critical.

With thousands of employees, students, patients and visitors on our academic health campuses every day, human behavior ensures that challenging predicaments will arise. Some may blossom into major scandals or crimes. Others may threaten individual or public safety or the institution’s reputation and standing in the community. But, once a leader becomes aware of a potential crisis, no matter the size, you own it. On behalf of your institution, it is your obligation to appropriately evaluate, investigate and, if necessary, remediate. Institutions may not be judged responsible for the precipitating event, but they will certainly be called to account for how they responded.

Forward-looking leaders accept these realities regarding crises. They look for existing weaknesses and potential risks, and create management systems and decision-making processes that minimize those risks and maximize decision-making around critical issues.



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