

The Impact of the Pandemic on Hospitals' Senior Leadership Roles and Responsibilities

March 26, 2021

Presented By: Peter Goodspeed



Nationwide Client Base

Currently provides hospital management, consulting services and technology to:

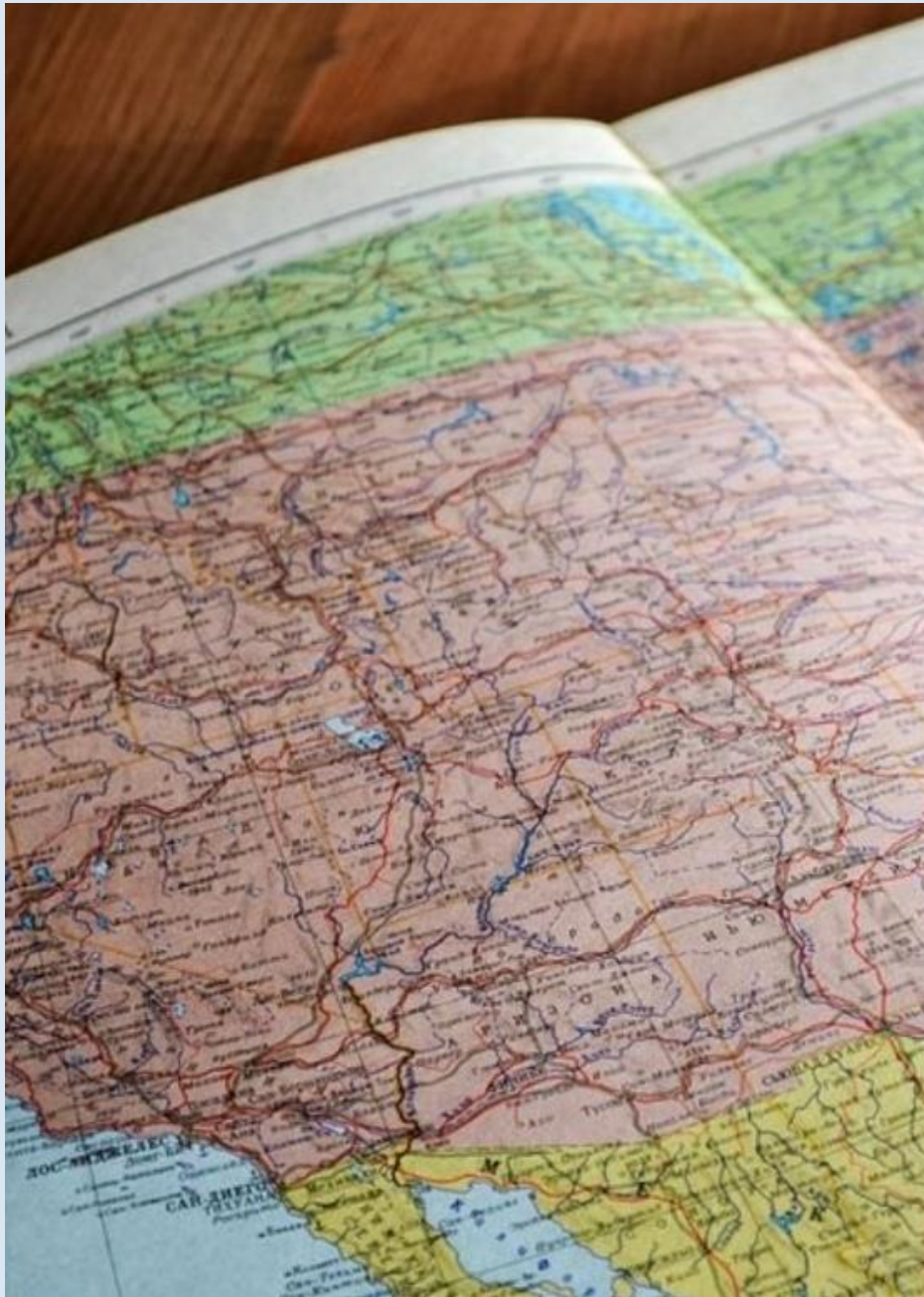
- Community, district, non-profit and Critical Access hospitals

Example Managed Hospital Client:
Barrett Hospital and Healthcare in Dillon, MT. Ranked as a Top 100 Critical Access Hospital for 8 years in a row

Example Technology and AR Services Clients:
Two-hospital NFP systems in southeast GA with numerous associated physician practices

Preferred vendor to:

- California Critical Access Hospital Network
- Western Healthcare Alliance Partner with Illinois Critical Access Hospital Network
- Vizient Group Purchasing Organization



Areas of Expertise

Strategy - Solutions - Support

Governance & Strategy

- Executive management & leadership development
- Community health needs assessment
- Lean culture

Finance

- Performance optimization & margin improvement
- Revenue cycle & business office improvement
- AR outsourcing

Recruitment

- Executive and interim recruitment
- CEOs, CFOs, CNOs
- VP and Department Directors

Clinical Care & Operations

- Continuous survey readiness
- Care coordination
- Swing bed consulting



Peter Goodspeed

*Vice President Executive
Recruiting, HealthTechS3*

Peter Goodspeed is an accomplished healthcare executive recruiter having more than twenty-five years of executive search experience. With his wealth of knowledge, Goodspeed is a proven recruiter when your hospital is searching for a knowledgeable and experienced healthcare professional whether for an interim or permanent engagement.

Prior to joining HealthTech, Goodspeed worked in various industries as an executive recruiter and spent many years with Witt/Kieffer Ford Hadelman & Lloyd, one of the largest healthcare search firms in the country. His clients included community hospitals, academic medical centers, hospital systems, HMOs and medical group practices across the country.

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Instructions for Today's Webinar

- ✓ You may type a question in the text box if you have a question during the presentation
- ✓ We will try to cover all your questions – but if we don't get to them during the webinar, we will follow-up with you by e-mail
- ✓ You may also send questions after the webinar to our team (contact information is included at the end of the presentation)
- ✓ The webinar will be recorded and the recording will be available on the HealthTechS3 web site:
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“Blue Mountain Hospital District has benefited from the interim executive placement services HealthTechS3 provides. Our current CFO started as an interim placement for BMHD, prior to joining our organization in a permanent capacity. The success with this placement has motivated us to consult Health Tech with two subsequent interim executive needs.” **Derek Daly, CEO BMHD**

Retained

Contingency

Interim

Contract

Mentoring/Support Team

Every Interim Executive and Department Leader is backed by a support team and mentor who help ensure that the team gets the right results

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Mike Lieb
VP Interim Placement



Peter Goodspeed
VP Executive Search



Kevin Hardy
Dir. Executive & Interim
Recruiting Svcs.

Contingency

Consultants



Carolyn St. Charles
Chief Clinical Officer



Joy Smith
Sr. Patient Financial
Consultant



Jeff Hollingsworth
Exec. Dir. Supply Chain
& Group Purchasing

Interim



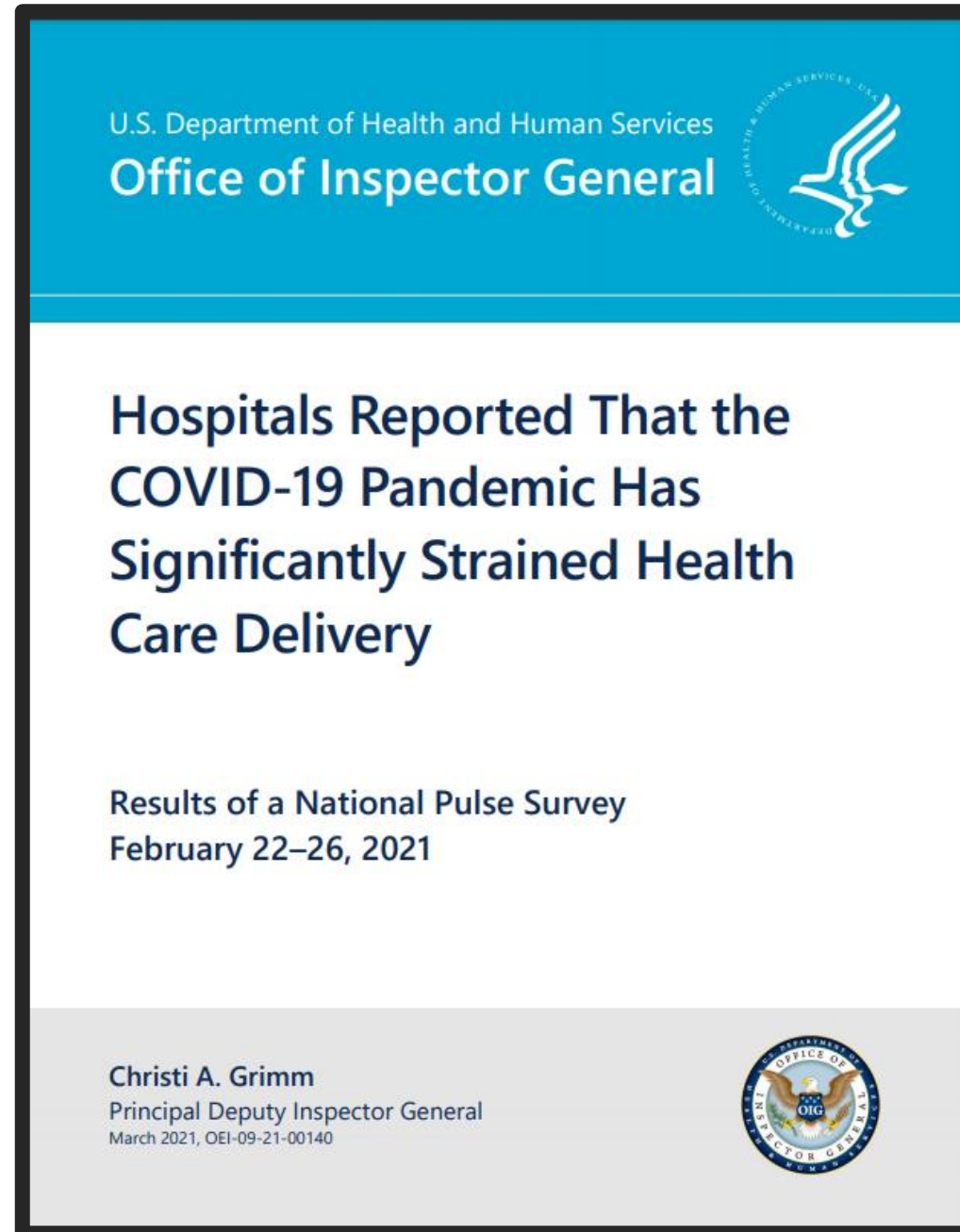
John Freeman
AVP Finance



Faith Jones
Dir. Care Coord.
& Lean Consulting

Contract

Where Do We Stand Today?



A new [pulse report](#) by the Inspector General of the Dept of Health and Human Services was published on March 24th. The report surveyed more than 320 hospitals across the country from February 22-26, on ways the coronavirus pandemic had impacted them.

“A year of fighting the global pandemic has left US hospitals in shambles,” says Ann Maxwell, Assistant Inspector General for Evaluations and Inspections at HHS. HHS conducted their first pulse survey of challenges that hospitals reported facing in response to COVID-19 during the early weeks of the pandemic, from March 23-27, 2020.

Recent Findings by the OIG

The direct impact on physicians and other healthcare workers, and hospitals in general

- Burned-out medical staff suffering from trauma and PTSD.
- The erosion of public trust in hospitals is occurring.
- The stress of operating in "survival mode" for such a long period of time.
- Hospitals are grappling with challenges that were brought with Covid, but also exacerbated longstanding challenges in healthcare delivery, staffing, financial stability.
- Hospitals reported that long hours, more shifts, time away from family and increased responsibilities caused by the pandemic left staff exhausted, mentally fatigued, and sometimes experiencing possible PTSD.
- Some administrators pointed to the increased deaths, including among coworkers, and the fact that some staff were the only person present at the time of death due to pandemic restrictions as having a significant toll on many.
- "Long-term solutions for staff fatigue, compassion fatigue, and possible PTSD will need to be identified so that we can help our staff be able to care for themselves, their families, and our patients." one administrator told HHS.
- The challenges faced by medical staff have led to a higher-than-normal turnover rate and created shortages that in some cases impacted the quality of patient care.
- Some hospital administrators also reported new questions from their patients on "whether hospitals are safe and can keep patients safe," due to fears over contracting the virus in the hospital.

Recent Findings by the OIG cont'd

Regarding Vaccinations

- Without clear guidance from the federal government, hospitals were forced to create their own infrastructures for distributing and storing coronavirus vaccines, efforts which in many cases exacerbated staff shortages.
- Frustration over the supply of the vaccines--- reporting that it was unpredictable, that "they often get little advance notice" about changes in quantities, and what was received in term of doses was not always what was expected.
- Administrators from several hospitals said that 1/3 of their staff refused to be vaccinated due to a lack of trust over the rapid vaccine development and effectiveness, among other reasons.
- Inconsistent information and differing guidelines over who is eligible for the vaccine from federal, state and local government caused confusion and additional stress to already overburdened hospitals.



Recent Findings by the OIG cont'd

Impact on Routine Care

- Administrators also sounded alarms over patients putting off routine care and checkups, including cancer screenings and cardiology tests for various reasons during the pandemic, noting that "serious diagnoses may go unidentified" and lead to higher hospitalization rates down the road.
- One administrator told HHS the patients they were seeing for diabetes and cardiac management were sicker after missing prior appointments.
- Things that are elective, if not dealt with over time, are no longer elective.
- Delayed or forgotten routine health care means that people present in a later stage of their disease, which is concerning all around for the complexity of care that they will need.

Impact on Mental Health

- Over the past year, health officials across the country have repeatedly warned of the long-term mental toll that online learning, lockdowns, burnout and reduced social interaction will have on Americans. Hospitals echoed this in the report, raising concern that they might not have the resources to meet the "greater mental and behavioral needs" created by the pandemic.

Moving Forward

“Beyond the immediate needs in responding to COVID-19, the pulse survey documents hospitals' perspectives about longer-term opportunities for improvement to address challenges that existed before, and were exacerbated by, the pandemic. These improvements include reducing disparities in access to health care and in health outcomes, building and maintaining a more robust health care workforce, and strengthening the resiliency of our health care system to respond to pandemics and other public health emergencies and disasters.”



Short-Term / Long-Term

I reviewed considerable literature on this topic. There is a definite consensus on what the short-term impact and the long-term impact will be on hospitals and their senior leadership teams after Covid-19; and how hospitals will need to change. Some of these are:

First, hospitals came through in the clutch When the country needed hospitals the most, they performed miraculously. All caregivers whether physicians, nurses, respiratory therapists, techs, management, they really stepped up. Under unbelievable conditions, the hospitals came through.

Second, hospitals must not fail They are too vital. Despite wave after wave of the virus and absolute exhaustion of care givers, hospitals and our health system proved they are the best answer to a pandemic like Covid-19.

The Three Rs

Both the CDC and AHA talk about the 3 Rs:
Relief, Recovery, Rebuilding



- 1) **Relief** - Financial relief came from the federal government, and it worked. There have been 5 relief bills including the Cares Act and the recent American Rescue Plan Act of 2021.
- 2) **Recovery** - We are in the Recovery phase now. As our restaurants and other businesses reopen, we must be vigilant for any uptick in the virus and any new emergency. Be Covid safe. Be able to continue to care for our patients.
- 3) **Rebuilding** - What have we learned from this pandemic? How can we make our healthcare systems better? How do we reimagine our hospitals and health systems? Soon we will be entering the rebuilding phase.



Rebuilding

As we enter the rebuilding phase, what do we need to change in the way we deliver healthcare? What do we need to do to be ready for the next crisis? What has Covid exposed that is broken in our country and needs to be fixed?

- The experts seem to agree that hospitals filled the public health role across the country during Covid. The traditional public health structure is underfunded and under equipped and was overwhelmed.
- We need a new era of emergency readiness. We were ill prepared for the Covid pandemic.
- Health disparities were painfully apparent as the pandemic greatly impacted the poor and people of color.
- It became obvious that we need to rethink the healthcare supply chain and never be dependent on a single country for critical supplies like PPE and pharmaceuticals.
- Hospitals and health systems need to consider new models of delivery, new models for testing and vaccinations and ways to move patient care from the hospital to ambulatory settings and finally to the home.
- The pandemic exposed what a fragmented healthcare system we have. It shed a light on how financially at risk most of our hospitals truly are.
- It exposed how dependent most hospitals are on elective procedures.
- It clearly showed how effective telehealth is, and that telehealth is probably here to stay.
- The pandemic showed that continued consolidation of hospitals and systems is the correct course.
- It showed that we must put more resources into behavioral healthcare, especially at the primary care level.
- It showed how resilient and dedicated the hospital workforce is.

Changes to Come

Moving forward, how will the pandemic change the way hospital leaders manage their hospitals. I had the opportunity to read interviews and listen to podcasts by hospital CEOs and board members who discussed their hospital's reaction to the pandemic and what they learned. And what they should have done differently and what they will do differently next time.

The Big Takeaway

The pandemic showed the importance of investing in and building a competent team with strong management and leadership skills.

- During the pandemic, the excellent leaders rose to the top and the average leaders did not.
- The pandemic shined a light on the necessity to communicate often and honestly.
- Leaders must make good decisions, but they also must communicate why they made that decision. Communication at all levels of the organization greatly increased.
- Senior leadership must have accurate information. This is imperative. They must have accurate information to understand the current/daily situation. Is there enough PPE? Are there enough ventilators? Is staffing correct?
- Leadership must communicate the hard cold facts but also must share the positive news.

Changes to Come cont'd

- In an emergency, leadership must be able to redeploy workers to the hot spots and be confident the workers are properly trained. Leaders must be able to monitor staffing daily.
- Hospital leadership will need to look at infrastructure and design issues and perhaps separating ancillary functions such as imaging and lab from the inpatient beds and core hospital operations.
- Leadership needs to respond to the potential of prolonged revenue growth challenges.
- Leadership will need to respond to potential healthcare worker shortages.
- Leadership will need to respond to issues with sourcing and inventory of critical care equipment such as PPE.
- Operational excellence will become a primary focus for hospitals.
- Flexible hospital design and construction of facilities which enable faster re-purposing of beds.
- Potentially moving elective care into dedicated facilities.
- Expanding telehealth.
- Evaluating new growth opportunities such as new telehealth consultations, non-ER based primary care and more proactive health screening.

Changes to Come cont'd

- Expanding community-provided primary care services such as pediatrics and OB/Gyn
- Providing remote behavioral health services and screenings assuming that payers will reimburse these.
- Innovative arrangement between private and public sectors.
- Consolidation of smaller providers.
- Considering technological advances such as AI-based diagnostics and cloud-based storage of medical records.
- Responding to a more informed consumer.
- Regulatory changes to license healthcare workers with a broader set of skills.
- Respond to the disruption of clinical trials during Covid-19.
- Responding to the physical and psychological toll of the Covid-19 crisis.
- Leadership will need to watch labor costs and healthcare worker shortages particularly in critical care disciplines.

Changes to Come cont'd

One of the keys, hospital leadership will need to focus on population management and healthier living, risk assessments, patient screening, being predictive and not just reactive will all be important to follow. The pandemic showed that the virus was cruelest to people who were unhealthy and had underlying conditions. Healthcare must focus more on population health. And keeping people healthy rather than responding when someone is sick, many times very sick.

Peter Answers Your Questions

I hope this provides some insight into the current state of the hospital industry as the pandemic rages on, the lessons we have learned, and how we respond.

Thank you very much.



Actions Leaders Must Immediately STOP in Order to Increase Diversity

Presenter: Kevin Hardy, Dir. Exec. & Interim Recruiting, HealthTechS3

Date: April 9, 2021 **Time:** 12pm CST

<https://bit.ly/3kYI3Cf>

Remote Patient Monitoring vs. Remote Physiological Monitoring - RPM: Know Your Acronyms

Presenter: Faith M Jones, MSN, RN, NEA-BC - Director of Care Coordination and Lean Consulting, HealthTechS3

Date: April 14, 2021 **Time:** 12pm CST

<https://bit.ly/3kYzZ3q>

Swing Bed as a Service Line: Opportunity for Success

Presenter: Carolyn St.Charles, RN, BSN, MBA – Chief Clinical Officer

Date: April 23, 2021 **Time:** 12pm CST

<https://bit.ly/30o77rB>

Data Data Everywhere and Not a Drop to Drink

Presenter: Carolyn St.Charles, RN, BSN, MBA – Chief Clinical Officer

Date: May 21, 2021 **Time:** 12pm CST

<https://bit.ly/38jsq28>

Small Town, Big Surgery, No Problem

Host: Carolyn St.Charles, RN, BSN, MBA – Chief Clinical Officer

Presenter: Graham Russell, RN - COO, MESA Healthcare, Inc.

Date: June 4, 2021 **Time:** 12pm CST

<https://bit.ly/3ryuJ8Y>

Lessons Learned From the COVID-19 Pandemic and the Impact on Healthcare Delivery in the United States

Presenter: Peter Goodspeed, VP Executive Search, HealthTechS3

Date: June 7, 2021 **Time:** 12pm CST

<https://bit.ly/3rvupaX>

Action Planning and Communication: The Vital Elements to Patient Engagement

Host: Faith M Jones, MSN, RN, NEA-BC - Director of Care Coordination and Lean Consulting, HealthTechS3

Presenter: Kara Beech, BSBA, SHRM-CP, Beech Creative Group, LLC

Date: June 17, 2021 **Time:** 12pm CST

<https://bit.ly/3bqYhj3>

The Hiring System & Its Hidden Obstacles: A Roadmap to Increasing Diversity at Your Company

Presenter: Kevin Hardy, Dir. Exec. & Interim Recruiting, HealthTechS3

Date: June 25, 2021 **Time:** 12pm CST

<https://bit.ly/3kTCK5W>

THANK YOU

I hope the information in this webinar has been helpful!



Peter Goodspeed

VP Executive Recruiting, HTS3

Please contact me if you have questions about the presentation or would like to know more about recruiting and placement services at HealthTechS3

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