Leadership, Advocacy, and Communication in Crisis: COVID-19 and Beyond

By Joanne Kaldy

Fear and uncertainty. Dallas Nelson, MD, CMD, assistant professor of medicine at the University of Rochester, spoke honestly about her early reactions to COVID-19. During the recent “Leadership, Ethics & PALTC Virtual Symposium” of AMDA – The Society for Post-Acute and Long-Term Care Medicine, she said, “In March, I felt a sense of impending doom. I knew it would be bad, but I didn’t know exactly what to expect.” There was “a lot of fear,” she recalled. Like many health care professionals, she was afraid of getting sick herself, but even more she worried about getting her family sick and spreading the disease among her residents. Nonetheless, she and others stepped up and took charge of the response to this virus.

“Being outcomes oriented, we wanted to make sure we provided quality care for residents and that staff could work and feel confident to do their jobs,” Dr. Nelson said. At the same time, leaders also focused on minimizing virus transmission via adequate personal protective equipment, testing, and cohorting. They also had to keep their finger on practical issues such as the facility’s reputation and financial well-being. “In the end,” she said, “We want our residents, staff, and our facilities to be healthy.”

Finding Leadership That Fits

Of course, leadership in a crisis isn’t a one-size-fits-all proposition. “None of us had done this before. However, it was important to be experienced enough with this population to tackle this crisis,” Dr. Nelson observed. She added, “One main component we’ve needed is good communication skills.” However, even this evolved over the life cycle of the crisis, Dr. Nelson said. “At the beginning, everyone felt confused and anxious. They wanted facts, and they needed clear, concise instructions on how to protect themselves and their residents.” Next, she said, came the resilience stage, where everyone was fatigued but needed to keep going. At this stage, they needed positive stories and confidence about their ability to pivot andembrace innovations such as telehealth and remote visits.

When the time comes to return to normal—or some semblance thereof—leaders and their teams will be entering uncharted territory. “We’ve lost a great deal. There have been many tragic deaths and illnesses. And we’ve also lost a year of normal rhythm and connections. We need to process this and create a vision for the future, while grieving together for all of our losses,” said Dr. Nelson.

Keys to Crisis Communication

Dr. Nelson identified several elements for effective, transparent, and appropriate communication during a crisis such as a pandemic:

• Communicate clearly, simply, and frequently.
• “Do” messages work much better than “don’t.”
• Repeat, repeat, repeat — when people are busy, they may not hear or comprehend something the first or even the second time.
• Choose candor over charisma — be transparent and focus on facts without sugar coating.
• Model what you are communicating — walk the talk.

In all your communications, Dr. Nelson suggested, build resilience by celebrating the positives, helping people to help others, and building a sense of community. At the same time, she suggested setting clear goals, connecting to a deeper sense of purpose, and fostering organizational dialogue.

Medical directors play a key role in these leadership and communication efforts, Dr. Nelson said. “You are a role model and need to model consistently what you want others to do.” She stressed the importance of “emotional intelligence,” noting, “We all are feeling this pandemic, and you need to be attuned to how this is affecting you. You need to control your ability to be positive and exhibit empathy.” Dr. Nelson admitted, “It can be fatiguing to be a role model and demonstrate positivity and strength continuously through this crisis.” However, she added that it’s worth whatever sacrifices are necessary to work toward a better day.

Advocacy: Not What You May Think

“We typically don’t think about advocacy when we talk about a crisis,” said the Society’s president, David A. Nace, MD, MPH, CMD, at the beginning of his presentation. “I hope you will see, though, that advocacy is critical for all of us as front-line practitioners.” It’s our duty to think about advocacy and try to change things locally and beyond.”

Part of the conclusion is that people sometimes confuse advocacy with lobbying. Dr. Nace said that advocacy involves “actions undertaken to effect change and/or support a cause. Its purpose is to raise awareness (education), build collaboration, and create system/process change.” Lobbying, on the other hand, involves actions taken to influence a public or political official regarding an issue.

While PALTC professionals advocate regularly for their residents, facilities, teams, and profession, Dr. Nace noted, these efforts have been heightened during the pandemic. “From the beginning, we knew COVID would impact long-term care residents, and those of us who practice in this setting knew it would have serious implications for us.” In March, for example, the Society published the “Resolution on COVID-19” (https://bit.ly/3qfAK9), which reinforced the Society’s commitment to educate state and national government offices and work with a wide array of entities to address the pandemic and protect residents and others. He said, “It has been important for us as an organization to advocate for and address what is important to our members and the patients and facilities we serve.”

Society members and others have numerous advocacy opportunities during this pandemic, Dr. Nace suggested. On the national level, they can work with the Society and other stakeholders to address systemic failures. They also can address COVID-19 policy issues in their states and municipalities; at the facility level, they can address COVID-19’s impact on residents, staff, and family members.

Dr. Nace stressed, “AMDA members have worked to make change happen.”

At the same time, the Society, working through its volunteer leaders, has produced a host of COVID-related tools and resources to provide a high level of support for members and others (https://paltc.org/COVID-19). “We have received a lot of interest and appreciation from across the country. We have representation on a national committee that advises the Centers for Disease Control and Prevention, and we continue to advise them on best practices and other issues. We also have calls with CMS [the Centers for Medicare & Medicaid Services] about our needs and efforts to change practices that don’t make sense. We have to continue to work and advocate for improvements.”

Assertive Advocacy

Assertive and consistent advocacy can be challenging in difficult times, but Dr. Nace suggested a few steps to follow. Among them, he said, “Stay positive. Don’t just complain, avoid sarcasm or name calling, and focus on future opportunities and not past grievances.”

“Take your time to explain your stance on an issue and repeat major points, he said. Make sure your “original ask” is considered but also be open to compromises.

“Don’t talk about advocacy would be complete without addressing media relations. “It is important to remember, when you go back to your facilities today, to determine who should be interacting with the media,” Dr. Nace said. One explicitly identified person should fill this role, and everyone in the facility should know who this person is. He added, “That contact should always respond to the media and never just ignore an inquiry, even if this just means saying, ‘We’re looking into this and will get back to you.’”

When it comes to the media, Dr. Nace stressed, “Always be transparent. Don’t try to hide things. This doesn’t mean telling them everything, but misleading statements will get you in trouble. Be honest, be factual, and avoid speculations. If you don’t know something, say that.”

14 Skills for Crisis Leadership

In the opening session of the Society’s “Leadership, Ethics & PALTC Virtual Symposium,” Dallas Nelson, MD, CMD, offered 14 characteristics and skills for a good crisis team leader:

• Coordinated
• Decisive
• Experienced
• Goal-oriented
• Able to communicate
• Able to facilitate
• Able to handle stress
• Able to listen
• Open-minded
• Responsible
• Able to prioritize
• Able to think critically
• Adaptive
• Trained and prepared

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