Ten minutes with Dr Krishnaj Gourab, Chief Medical Officer, Hospital Incident Commander, COVID-19 response: University of Maryland Rehabilitation & Orthopaedic Institute

Biography

Krishnaj Gourab is the Chief Medical Officer, Vice President of Medical Affairs at the University of Medical Rehabilitation and Orthopaedic Institute. Since the start of COVID-19 pandemic, he has also served as the hospital's Incident Commander. He is currently appointed at the rank of Clinical Associate Professor at University of Maryland School of Medicine and adjunct faculty at Johns Hopkins University School of Medicine. Krishnaj is a subspecialty board certified in Clinical Informatics and board certified in Physical Medicine and Rehabilitation (PM&R). He is a graduate of the Analytics Leadership Program in Patient Safety and the Hexcite program at Johns Hopkins Medicine-Technology Innovation Center. Krishnaj uses his training in informatics and his leadership role to build systems that enhance transparency and just culture in his organization. He believes that this is important while dealing with a crisis and also while delivering safe, high quality and engaging patient care on a daily basis.

FIRST AND FOREMOST, ARE THERE ANY KEY LEADERSHIP MESSAGES YOU WANT TO GET OUT TO OUR READERSHIP?

The first message I would share with the readers is that it is imperative for leaders to 'walk the talk'. There is a risk every time we walk into a patient's room that we might be exposed to COVID-19. Therefore, if I ask staff members to put their families in harm's way potentially, I must be willing to make the same sacrifice. I need the staff to trust that we are all taking the same precautions and have access to the same safeguarding, support and resources. If you were to visit our hospital and observe the senior leadership team, you would find the CEO and myself interacting with patients, equipped with a surgical mask and face shield. We are not entitled to an n95 mask solely because we are the chief executive officer and chief medical officer. This policy was especially important to me because staff members follow what they see their leaders doing. When I tell our staff members that it is not required to get tested after low-risk exposure, I have to follow that policy as well. I cannot go to the lab for regular COVID-19 testing, solely because I am the chief medical officer. I know that my staff needs to see this consistency to maintain their trust in me.

The second message I would share is that leaders must focus on what is important and empower others to execute their respective duties in service of those priorities. Our highest priority during a pandemic is to ensure that our patients are safe and that we prevent the transmission of COVID-19 infections. There are a lot of things that must fall in place after a COVID-19 exposure in a hospital. Accordingly, we have to be laser focused on doing the most important things first. The person in a leadership role has to take on some of the most challenging tasks, generally around managing infection control. Effective communication and delegation are critical skills to master. The leader cannot do all things simultaneously. If infectious events do occur, whether it can be a patient or staff member testing positive for COVID-19, leadership has to remain focused on what must happen next to prevent an outbreak from occurring.

TELL US A LITTLE BIT ABOUT YOUR LEADERSHIP ROLE AND HOW IT IS CHANGING AS A RESULT OF THE PANDEMIC?

As a chief medical officer, I concentrated mostly on clinical duties and a focus on informatics. In response to the pandemic, I am pivoting from a specialist approach to a generalist approach. Now I have to know something across multiple areas to help keep patients and staff safe. That means understanding supply chain management, inventory management infection control, the sign and symptoms of COVID-19, the latest research findings related to COVID-19 and how to maintain sufficient staffing levels. Because I am comfortable with informatics, I have been able to apply technology to help ensure that our personal protective equipment is being used effectively. We have created an in-house tracking mechanism to monitor gown utilisation rates. Since the highest point at the beginning of the pandemic, we have brought usage down by 70% through tracking and training, while equipping the staff with appropriate PPE based on their roles.

In addition to being a generalist, I have also to be a safe harbour in this storm. Some people need a sounding board because they are scared, and I have learnt not to jump to solutions because

sometimes I cannot give them any. We are in a pandemic and have to live through it.

WHAT EVENTS IN YOUR PAST EXPERIENCE ARE MOST INFORMING YOUR LEADERSHIP IN THIS PANDEMIC?

My time at Johns Hopkins reinforced focusing on the evidence and the science. This prior training about understanding best practices and not deviating from the best scientific evidence is especially important in times like this. There are many rumours; however, we read the infection control policies and follow them to the letter. As the evidence evolves, so do the practices. My previous experience with technology has helped, as well. We had to have a rapid deployment of telemedicine services. We used to five annually. Now we are doing 50 a day in the outpatient setting and 300 per month in the inpatient setting.

WHAT ARE THE BIGGEST CHALLENGES YOU FIND?

The first challenge I will highlight is maintaining personnel levels. We have employees who contract COVID-19 while outside of work and are then no longer able to work while they quarantine at home. We also have to contact-trace the individual's interactions at the hospital, potentially leading to the need to quarantine additional employees. Other routine issues require employees to take off time from work, such as non-pandemic-related sickness and medical procedures. There are also deaths, births and a variety of other factors. Add to that the caregiver responsibilities that employees may have to take on in response to their love ones contracting COVID-19.

The second challenge is keeping all employees updated on evolving information about the risks and best practices related to COVID-19. Perceived inconsistencies between our policies and what an employee believes the best practices can lead to a breakdown in trust and confidence—regardless of whether our plan is in line with best practices. For example, if an employee tests positive for COVID-19 and is asymptomatic after 10 days, they can return to work. If the employee is in a high-risk group, then the return time is extended. However, some employees are not aware of the specific policies or their colleagues' health status, so there is a feeling of consistency.

ANY PARTICULAR SURPRISES?

I have been very impressed by how staff members are supporting and encouraging each other. Despite the increased pressure and stress, we are still able to laugh and lift each other up. And the general public is voicing deep appreciation for our work, despite the pain and suffering they may be feeling.

ARE YOU SEEING ANY BEHAVIOURS FROM COLLEAGUES THAT ENCOURAGE OR INSPIRE YOU?

It is inspiring to see everyone work hard. No one is saying, 'This is not my job'. Our staff members are truly going above and beyond. It was natural to do this for the first month as the pandemic unfolded. However, we are several months in, and people are continuing to give it their all. Front-line staff continually working extra shifts to help make up for staffing shortfall when it occurs. Our mid-level managers and directors continue to push to the point where they do not even know what time it is because they are so engaged in their work.

HOW ARE YOU MAINTAINING KINDNESS AND COMPASSION?

I create a list in the morning and prioritising tasks everyday. I capture the mandatory things. I also make it a point to be very compassionate and kind in what I say, especially because some of the contact is over zoom or the phone. I also keep in mind that this is a terrifying time for people and that there is a lot of uncertainty and misinformation. That can lead people to be unkind, so I try not to take it personally. Sometimes a senior leader's job is to reassure and reinforce.

ARE THERE ANY IDEAS OR READINGS THAT YOU FIND HELPFUL FOR INSPIRATION AND SUPPORT THAT YOU WOULD RECOMMEND TO OTHERS?

I follow the principles of leadership outlined in this book: The Servant: A Simple Story About the True Essence of Leadership. By: James C. Hunter.

WHAT ARE YOU LOOKING FOR FROM YOUR LEADERS?

I am looking for leaders who can walk the talk. Whatever they are saying should be done is mirrored by their own behaviour. This is very strict actually—everyone, including the leadership, we are all required to follow the same infection control protocols.

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