

Effective health crisis management only possible with adaptive organization

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During COVID-19, Sweden's ability to manage crises and production planning in health care came into focus. Neither regional management nor hospital directors had any experience with a pandemic.

Ritva Rosenbäck, in her [doctoral thesis](#) "Capacity Management in Swedish Hospitals during the COVID-19 Pandemic" at University West, researched how emergency departments, intensive care units, and inpatient care built capacity to care for COVID patients.

Rosenbäck is a chemical engineer and has worked as a manager both in industry and health care. Nowadays, she divides her time as an expert at the National Board of Health and Welfare, writing books, doing actual production planning in health care organizations, and conducting research.

"It became clear that intensive care needed the most capacity. When I started researching in November 2020, the pandemic had passed its most acute phase, and I wanted to investigate how capacity needed to be balanced daily against the various health care needs," says Rosenbäck, doctor in production technology.

The care required during the pandemic differed from the care normally provided. In a major accident, a rescue leader at the accident site calls an on-call official in the region who then distributes patients between hospitals, ensuring those who need the most care get it.

"At the beginning of the pandemic, it was the ICU Managers who were in contact with colleagues in Italy and learned about the severe situation. When patients started arriving at hospitals, the regions decided to open external ICU departments. At the hospitals, they preferred to use the surgery unit because of its familiar environment, and this was possible when planned operations had been canceled."

Prefer adaptive over rigid

The pandemic lasted a long time and the health care needs changed in waves, unlike an accident which is usually short and sudden. In the

thesis, Rosenbäck could show that the decision hierarchy during the pandemic worked better if it was delegated rather than centralized. Every day new situations arose that were unfamiliar to doctors who did not know how to care for the patients. Experienced doctors said it felt like they were thrown back to their internship.

"The organization needed to be adaptive rather than rigid. They had to learn what worked and didn't know which competencies were needed when. Additionally, the pandemic came in waves, so between waves, they returned to regular care. In this strange situation, they greatly benefited from each other's work. Among other things, medical associations held webinars on Wednesdays where they shared the latest findings," says Rosenbäck.

There was a lack of initiative from the authorities in disseminating knowledge. Medical journals published articles without review to get information out as quickly as possible. It was judged that the benefits outweighed the disadvantages, even if there was no fully established evidence.

Three crucial consequences

In the study, Rosenbäck conducted both qualitative interviews and a quantitative survey, with inductive, exploratory, and deductive analysis methods. In the study, she identified three crucial needs of adaptive leadership during a prolonged event like the pandemic: how prepared the organization was, how the early phase was handled, and what resources they had in terms of materials, personnel, and facilities.

"Good crisis preparedness requires a low occupancy rate, something we don't have in Sweden today. It is difficult because low occupancy costs money. But things that can be done in preparation include making agreements on how to move staff in a crisis. The organization could also

train staff in other tasks beforehand, such as ICU care."

In the early phase, it is important to gather as much information as possible and to identify who suddenly gets a heavy workload, where there is excess staff, and who needs to learn things. Those with specialized skills must stay where they are needed most and get all the capacity they need. Meetings should be frequent but short, and preferably digital.

"You should not have a rigid plan, you should have a plan to make a plan, because you don't know what you need," says Rosenbäck.

Lessons for the future

Could the [pandemic](#) have been handled differently, given the conditions?

"It would obviously have been good to understand earlier that even health care staff infected each other, but there was a need to save on protective equipment. The organizations could have been quicker to train the category of staff that had too little to do. They learned as time went on, and learning turned out to be a key factor along with positive storytelling.

"If the staff who moved to the ICU, for example, could return to their department with an okay picture, it motivated others to move."

More information: Capacity management in Swedish hospitals during the COVID-19 pandemic. [www.diva-portal.org/smash/get/ .../56493/FULLTEXT03.pdf](http://www.diva-portal.org/smash/get/.../56493/FULLTEXT03.pdf)

Provided by University West

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