



What's Your Moonshot?

A Podcast Series Where World-Class Healthcare Leaders Seek To Solve Big Problems

CEO Leads Craig Hospital Through Pandemic with Zero COVID Cases Among Patients

Transcript

[00:00:00] Jandel Allen-Davis, M.D.: There were three clear and elevating goals at the beginning of this thing for me, the first was no COVID in our patient population. The second, no layoffs and no wage cuts. We're not going to lay anybody off and we're not cutting any wages, and then the third, which really is the first and is foundational to the other two in some important ways, is that our relationships would be at as strong, if not stronger on the other side of that, and that's not just our relationships as team members and with our patients, but with our community and business partners and others.

[00:00:29] Announcer: Welcome to A&M Healthcare Industry Group's, *What's Your Moonshot Podcast* series? Where world-class healthcare leaders seek to solve big problems. Listen as we talk to today's health system CEOs about the journey to achieve their moonshots.

[00:00:45] Jon Masoudi, M.D.: Welcome to A&M's, *What's Your Moonshot Podcast*? My name is Jon Masoudi, I'm a senior director with Alvarez & Marshall in Denver in the Health Industry Group, today I'm joined by my co-host Larry Kaiser, Who's a cardiothoracic surgeon, and a managing director with A&M. Our guest today is Dr. Jandel Allen Davis. Dr. Allen Davis is the CEO of Craig Hospital, a spinal rehabilitation hospital in Denver that specializes in neuro-rehabilitation and research of brain and spinal cord injuries. Good morning, and welcome to the podcast, Dr. Jandel Allen Davis.

[00:01:24] Jandel: Thanks, Jon. It's nice to be here and it was nice to be asked, thank you.

[00:01:30] Larry Kaiser, M.D., FACS: Well, Jandel, we are very pleased to have you with us today to participate in this podcast series, and in this series, we focus on a moonshot that a healthcare leader has set out to accomplish and to make a real impact on their organization, their community, or across the broader industry. Dr. Allen-Davis, although you started your medical career in practice, I'm sure like all of us, you could never have imagined a pandemic that we were hit with in 2020, and that we are obviously still in today.

Although, going down a little bit now that most people are getting vaccinated, but on top of that, managing a hospital and trying to ensure your patient's and employees' safety during some of these most unprecedented times, well, that is a backdrop. Can you tell us a little bit about your moonshot if you will aiming to have COVID cases across your patient population remain at zero from the onset of the pandemic until now, and how successful have you been with that? Obviously, others have struggled with that as well, so tell us a little bit about what you've been able to do.

[00:02:34] Jandel: Sure, first of all, again, thanks so much for the time together with you, Larry, and it's a crazy thing that you think about what a moonshot is, and I did get a chance to take at least a quick gander at some of the other topics that you all have undertaken in

terms of how folks think about moonshot. This was not one that I ever would've imagined my wildest dreams that I'd be confronting.

I have a strong belief all that said there are leaders for our time like you end up in the place you do because of some unforeseen or unseen need or calling, and I love where I get to practice here at Craig Hospital in the CEO and president role. Given the unique nature of who we serve and how we provide that service, it was absolutely unsettling to find ourselves facing this incredibly deadly and dangerous virus that we've been up against.

In recent months began to characterize what we're doing in this way, because I do believe this is our hurricane, our tsunami, you name it. This is the disaster that's been laid at the feet of healthcare. In acute care hospitals, if you use the firefighter analogy, their job is to contain the fire, that is contain the virus within some part of their hospital. The fact is, that in acute care hospitals, that's where people go to get treated for COVID.

We have to keep our forest vigil, we cannot let the fire in at all, and so it's been an interesting space to occupy in terms of being that first line of defense for our patients, and really, we know that one of the critical parts then of fighting the fire is how I behave, my teammates and I, the thousand-plus employees of us here, let alone the consultants and others who come in to care for our patients.

We've got to be pretty careful about how we interact out in the community. I can tell you that, here it is, whatever day it is, November 2nd, we're 22 months at least into this particular time, and we've had no cases of COVID in our patient population, and relative to not at all, surprisingly acute care hospitals and certainly relative to long term care facilities, and the SNFs, the skilled nursing facilities and some other sorts of post-acute rehab facilities. We've had precious few cases in our employee population as well.

To the extent that it's a moonshot, it's not one that was on my bucket list, it's a moonshot I think where we continue every day to just count our blessings I believe and still say it's not a matter of if, it's a matter of when and I sure hope that we can get on the other side of that and say it never became a matter of when, so it would get into the hospital.

[00:05:32] Jon: That's fantastic Jandel, and you've done a really incredible job there at Craig keeping your patients safe. What were the most important principles that you followed in achieving this great success?

[00:05:46] Jandel: First of all I had three clear and elevating goals so it wasn't like the moment they said we are now in emergency. I knew this was the three. It took at least a couple of weeks to really be in it and actually deal with the shock both personally and professionally organizationally, globally, community-wise what we found ourselves in. There were three clear and elevating goals at the beginning of this thing for me. The first was no COVID in our patient population.

The second and we understood very clearly the economic implications of how we chose to enter this particular emergency. We being we as a globe, we as a society, with this huge and abrupt economic shutdown of the economy. I said no layoffs and no wage cuts. We're not going to lay anybody off and we're not cutting wages. Knowing that one of the risk that we ran was that we would see census drop because 50% of our close to 500 patients come from out of state.

Would people actually still want to come or would it be safe or even possible? I said I'm not laying anybody off and we're not going to cut wages and we're blessed to be in the financial situation where we could do that. Then the third which really is the first and is foundational to the other two in some important ways is that our relationships would be as strong if not

stronger on the other side of that. That's not just our relationships as team members and with our patients but with our community and business partners and others. Those have been my clear and elevating goals and the team completely embraces them.

Then the other was in terms of managing the day-to-day whether it was how are you going to manage finances if the ship gets a little rocky or how are you going to manage work from home? The administrative folks who are able to knowing that there are many who don't have a choice, they have to come to work. I remember taking a walk and saying it's really going to be about-- while I was on a walk in the morning I said, when you get to these, this is situation management 101 is what are your values? What are the values you want to use to actually enter this?

By the time I got home from that four-mile walk, I had them down. The first was safety and it wasn't just safety from this virus but it was psychological safety which is a part of the foundation and the culture of Craig but was going to be super important when you're fighting something like this is that people had the ability and are actually encouraged and expected to speak up. The second was equity that we were going to do all and only what was needed to keep everybody as safe and as whole and as supported as possible.

The third is fairness and I had to remind myself of that this morning because we're in round whatever of this pandemic and we've got a few people who have chosen not to get vaccinated. Most are saying, "Fine, I won't. I'll do the exemption and I'll get tested," but we've got a couple people who've said I'm not going to get tested and I say everybody takes a haircut. That's how fairness works. We're all going to have to feel some pain in this. Not in any intentional way but because of the incredible complexity and complicatedness that we're swimming in. The fourth was trust that I will always tell the truth and I do that.

I hope anyway but be overly transparent in terms of what we know, what we don't know, but also invite people into the conversation to help us solve to the problems that we're facing. As one of our docs reminded us at the very beginning of this remember we've never done this before. We've never done this before. Then the last one was sustainability. When I think about sustainability I think about it in terms of the business because this is a vitally important hospital in terms of what it does, how it does it for patients who woke up with one reality and went to bed with a very different one, but also sustainability of our emotional and social well-being and health as we walk through this.

What I'd say on the other side of it is because I work alongside an incredible group of people that we have managed to get here where we find ourselves today and we'll just call victory today and leave it at that because we've let those values guide our practices and our principles and our decision making.

[00:10:17] Larry: You touched on it a little bit, but tell me a little bit about the impact on your staff about your strategies and some of these operational changes that you had to make. We've heard so much about burnout in staff, and maybe it's a little bit less in the type of hospital that you run, but how did you ensure that your workforce productivity remained intact and that the morale remained intact across the organization? It sounds to me like you didn't mandate vaccination, but tell me a little bit about how you encourage people.

[00:10:51] Jandel: Sure. Actually, let me just say I'll start from the end, just to dispense with it. There is an order. It is mandated here in Colorado from our health department that there's vaccines, that you have to be vaccinated against COVID, but there are medical and religious exemptions allowed within the state. That's how we're managing through that. Craig is this really special place, Larry.

I was at Kaiser Permanente for 24 and a half years, a place that has a strong belief around this notion of coordinated patient and family center care. I will tell you, and I practiced for 25 years, OBGYN, don't ask, doesn't make sense that I'm in a neuro rehab hospital. There's a way that care is delivered here, is embraced here, that's way more akin to certainly how I practice during that 25 years and in that spirit I've never seen or worked in an environment where patients and families truly are at the center of everything we do in a sense that allows these great clinicians to have the autonomy that's needed to do what's right for individual practice.

We try to work off of the evidence where it exists in the field. It is as team based and multidisciplinary and effort as I've ever seen. I like to say we've standardized an approach to the care in order to customize that care based on what individual patients and families need. It also is a place surprisingly that's full of a ton of joy. I remember I say, it's not pixie dust that's sprinkled on you when you come in the door, but you can feel a difference in the culture.

It's a very casual, but not careless place in terms of how we dress. I am a leader who walks around a ton. I don't know the names of a thousand people, but I know the names of a ton of them and know their stories. It was as important, then back to your question, during this time to make sure that I was super visible. We have used this wonderful and yet also maddening thing called Zoom as a way to stay very, very much connected to people.

We use the virtual, but also the walking around. I think the hardest thing for the team and there has-- it's an interesting way burnout is played out here because if you think about it, it takes a lot of energy to keep a fire out. It's a different energy than it is to keep a fire contained. This place, I remember when I first got here, said, "This place is crazy."

Kids running down the halls because it's very much patient and family-centered care, families, especially young families, because the average age of our patients is 39, when they come to do the rehabilitation, it is family rehab, because these are devastating injuries as you well know given your specialty. There usually are kids that I have a chance to interact with. We have a really robust pet therapy program.

The place is just always bustling with activity and we had to shut that down at the beginning of this. One of the hardest days of my adult I'd say professional career was having to stand in front of families and tell them you have to go home. We don't know enough about this virus to know how to keep you safe, but I know if it gets in this hospital, given that this is a long-term care hospital, that it could spread like wildfire and we could find ourselves shut down.

In that case, patients aren't going to be able to have access to this great care for some period of time and more importantly, back to sustainability of the business. Anyway, the way that we have kept people's spirits up is to be very much present, very much accessible. My door-- and people know this about me. My door is always open literally and figuratively and to actually show bone ability myself, which is, I think also part of the heart of, I like to think good physicians is to be able to say when you don't know, and to be able to make sure that you're standing by and standing alongside people.

I had a call last week, we have a weekly or every other week now a Zoom all-staff meeting to bring people up to speed and I had to join this one a tiny bit late and clearly joined at a tense moment where there was some pushback that was going on with one team member and had to deescalate that. Then at the end, went on to just talk about how there are nights that I'm tired and frustrated too. In fact, I had to not choke up, but I did choke up and I said, bottom line is aside from my house, this is the safest place I feel on this planet right now is what's

coming here and thanking to express a ton of gratitude because I know the personal sacrifices. Let alone the professional because people can't practice the way they used to.

We can't do off-campus outings to ball games and to the theater and lots of things that are really important in terms of the therapeutic process out of fear of what's going on and it gets a little old for folks, but I'm really humbled and impressed at how we have adapted and learned how to do some of the very same things that we did off-campus on campus.

In a sense, the proof is in the pudding and we will be doing our employee survey in the coming weeks, which I do anticipate engagement to be a little bit lower, but I get to walk around and see that the place is still joyful, that people are still smiling and probably I say this is like chocolate to me is when people say thank you for keeping us safe, so they get it. We're rational adults for the most part. Thank you for keeping us safe is probably I go home when those words are uttered and I go, "Okay, you did your best today and that's all you can." Probably the hardest thing I think for leaders at a time like this is to figure out what you own and what you have to just not, because there is a piece of this where we all have to manage our own morale, but trust me, that's the one that keeps me the most awake and somewhere between anxious and energized is, is there something more that I should be, or could be doing?

When I do the whole thinking and walk through my head and this is what I told the team last week, I say, is there something more you can be doing? I don't think so. Is the house still safe? Yes. Can you own all this? No, and then I go rinse and repeat. Just keep telling yourself that and get up every morning and do your level best. That's how we've done it and I think we're done okay. We are doing okay and families are still incredibly grateful at what and how our teams are interacting with them, which is also an important test of how folks are doing.

[00:17:33] Larry: I think what's so critically important is that you are out there and that the people could see you and that I think in a situation like this, that is just so critically important for people to see you're just as engaged as they are. Have the changes that you made, it did affect operations initially, but are you seeing now that you're pretty much back to where you were in terms of operations and other working issues?

[00:17:56] Jandel: Yes, you know the surprising thing and it's an interesting business or operation story as well. I was told when I got here that, oh, there's seasonality to the census here. I said, "That doesn't make sense. People hurt themselves all the time." People drive all the time and practically half of the injuries that land folks here are motor vehicle accidents. It didn't make sense to me that there seasonality that it falls off in the winter months.

It certainly can pick up in the summer as we see sports injuries and water-related accidents happening but actually, only about 12% to 15% of the admissions here are due to sports injury. We actually started a bunch of work when I first got here, making sure that we were thinking about Craig's brand, we started doing more advertising and marketing really bolstered up and supported our provider relations teams in some different ways because it didn't make sense to me that it should fall.

When we entered this pandemic, it was frightening. We saw some record low census for reasons that still today or not, I can't explain. We came into this having had a couple of really tough months and I thought, "Holy cow, this could be really bad," It turns out that by May the census rallied, which is about when we start to see it rally anyway. We have had for the first time in Craig's history sustained high census and we're a 92 bed hospital and the staff are 88 and we've been running average daily census in the 82 to 83 range. Pretty much since last May.

At first, I thought it was the COVID is that the acute care hospital said, we've got to get, we need to free up beds. Make sure we have beds in the event that there was a surge. We really never, although we may be in one right now, we actually didn't encounter much of a surge in Denver or Metro Denver or Colorado last spring so this is spring of '20. I was willing to chalk it up to the COVID crisis at the beginning of it, but it doesn't make sense that we have continued to have great census numbers, record census numbers and therefore record financial and performance as well in this last year and a half. I kept waiting for it to fall off and it hasn't.

Now we've got a new challenge which everybody does sadly, is that we have been victims of what's going on with staffing as well. We did actually have to cap census because you got to have people to staff your beds. We are looking good again. For about a couple of months, we actually kept cap census at 80 and we did get it. That was a little bit of an ouch on the finances but this place is so financially strong. I inherited a wonderful place to my-- I always told the last couple CEOs, I said, "My job is not to break it."

Hopefully, I'm not. It's been interesting and it's still a little bit. I can't explain why census has been strong. I don't doubt that COVID is playing some role in it but we've also had new competitors come into this market in the inpatient rehab facility space that have rocked our world a little bit, but so far we're still doing good. I think that's just because the folks who care for these patients are just amazing and Craig has a strong brand.

[00:21:22] Jon: Well, Jandel, it's been great spending time with you this morning. This has been a real showcase for the great work that Craig Hospital does but also the incredible leadership that you've brought to that place and that leadership makes a difference. I really appreciate you spending time with us this morning.

[00:21:41] Jandel: Well, Jon, you and I have been partners for a long, long time colleagues, for a long time prior to where we both landed and we certainly had the opportunities within Kaiser Permanente to witness great leadership and also ways in which that perhaps we could learn from some of the tougher challenges that what we've seen over both in our clinical practices let alone in this one. It is an honor and a privilege to get to do what I do every single day and to the extent that there's some lessons learned in this that I can share, I'm just happy to do it. It was great opportunity to hang out with you.

[00:22:17] Larry: Well, Jandel we really appreciate you joining us. They're lucky to have you and your leadership is inspired. Thank you very much for participating with us today.

[00:22:31] Jandel: Well thank you and be well. Above all else let's just be well and keep hanging in. All right.

[00:22:57] Larry: Well, Jon, first of all, thank you for securing Jandel. I thought she had some really great comments and it's a real testament to her leadership as to how successful they've been in keeping those patients safe. These are patients who are vulnerable, families, and somehow she managed to hold this all together and maintain really the morale of the staff. A lot of this is really due to her leadership and her ability to be out there. Your thoughts?

[00:23:34] Jon: I've known Jandel for 15 years and she's always had that. She's always had this empathy, strength, and humility and it really shows. Here she is, she said I don't want to talk about it but she's an OBGYN, running a spinal rehabilitation hospital and she's done a phenomenal job. She's gained the trust of her people. She was faced pretty early in her tenure with one of the biggest disasters in healthcare in the last 50 years and she's handled it incredibly well. It hit them right where their strength was, which was a family environment,

and they had to pull back on that and they still maintained their strength and their brand and it's really a great story.

[00:24:26] Larry: I think it does underscore her abilities as a leader. Number one that she's in that position. She clearly has the capability to do this, but I think it's that personal side that really comes out. I think that really shows. She's been able to get her people really behind her and they stepped up at a time when they really needed to as you point out with this incredible disaster that we have, this pandemic and her folks stepped up because they saw that she's the leader that they can get behind.

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