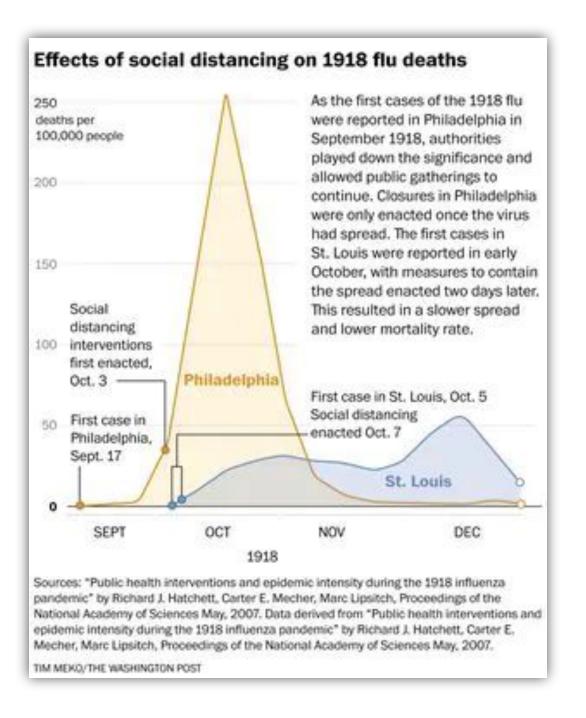


# Strategic Planning in Uncertainty©

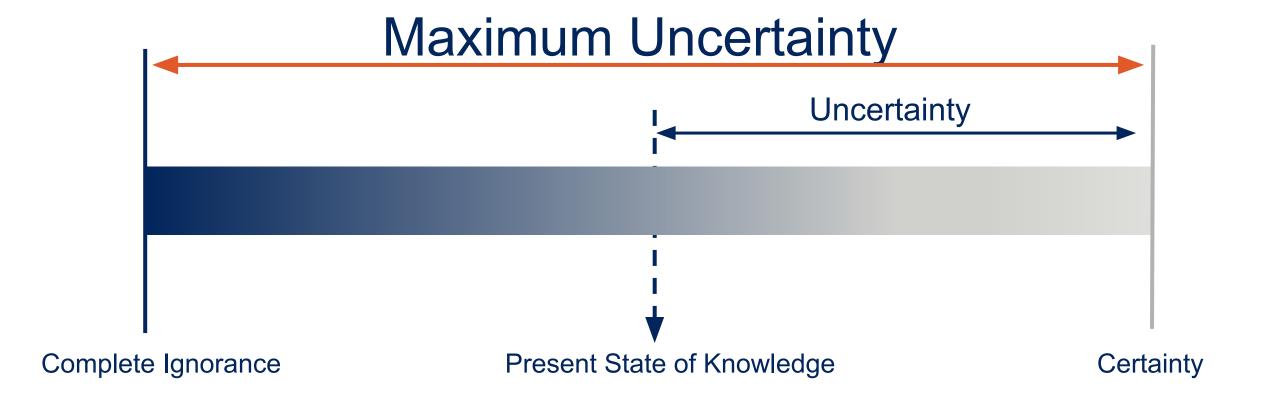
Alexander Garza MD, MPH
Chief Community Health Officer
SSM Health

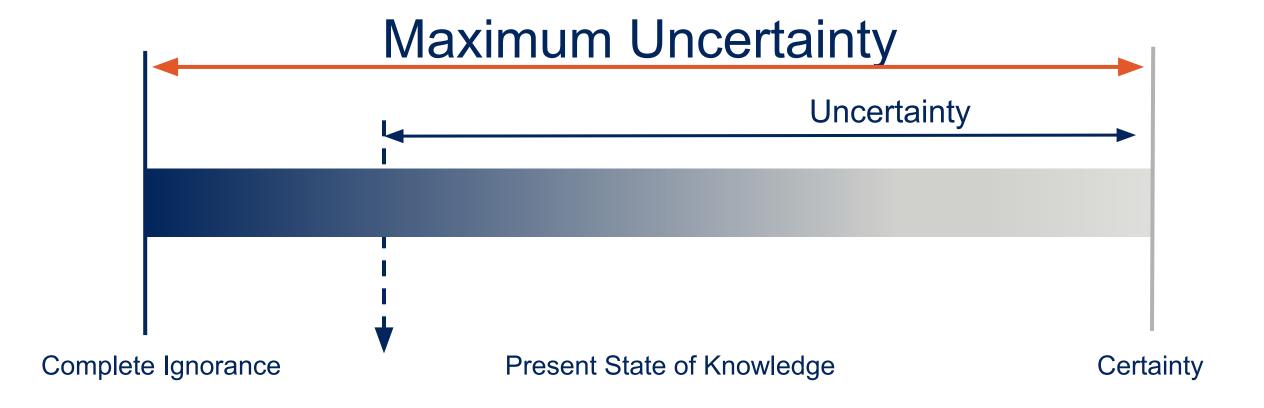


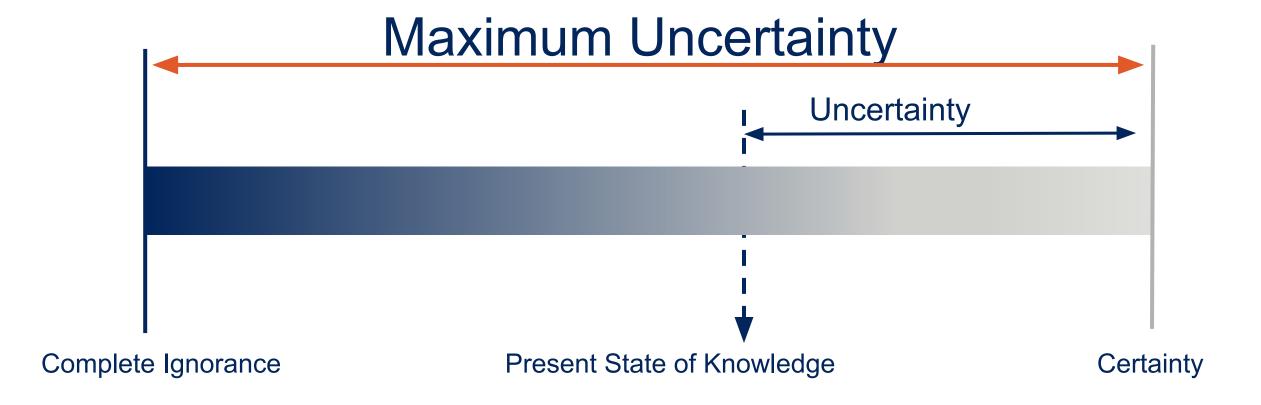
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Not having certain knowledge

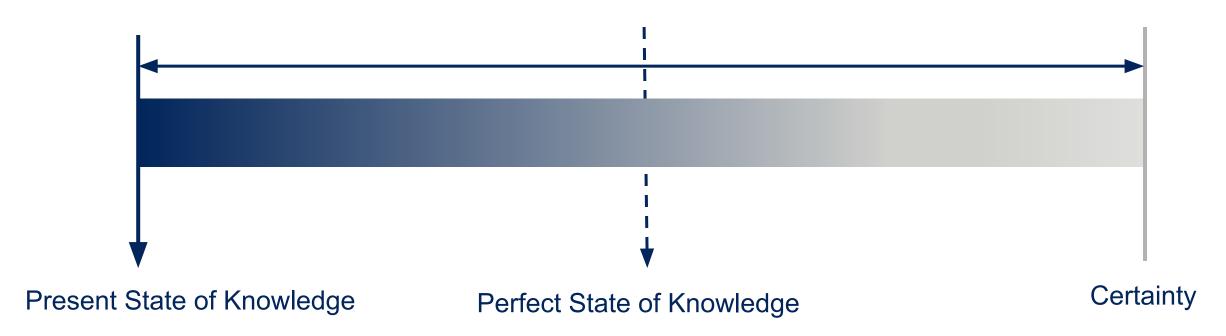
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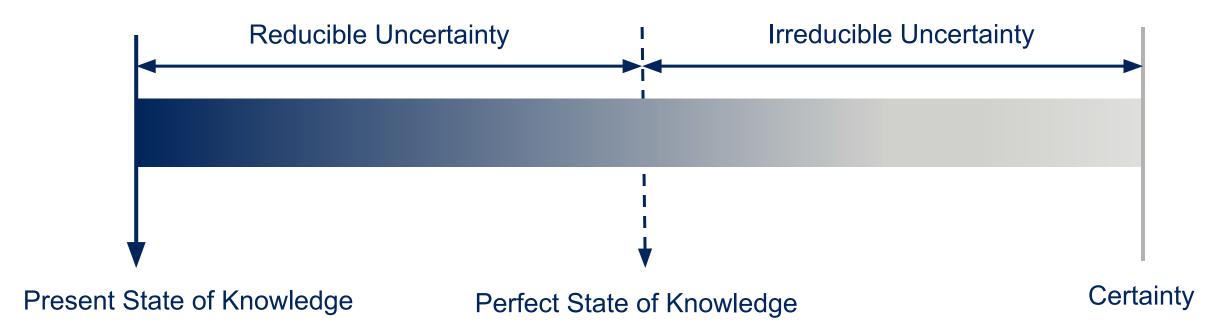












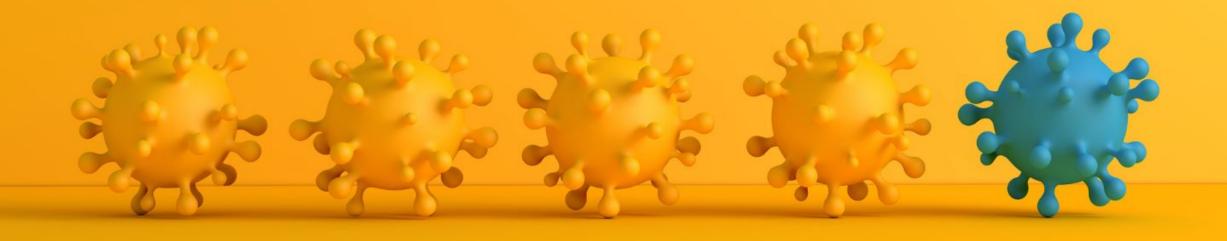


There are known knowns; there are things we know we know. We also know there are known unknowns; that is to say we know there are some things we do not know. But there are also unknown unknowns - the ones we don't know we don't know.

— Donald Rumsfeld —

AZ QUOTES

# December 2019



1

"All the News That's Fit to Print"

# The New York Times

#### Late Edition

Today, cloudy early, afternoon sunshine, high 49. Tonight, clearing, low 34. Tomorrow, clouds and sunshine, high 43. Tomorrow night, clear, low 32. Weather map is on Page A16.

VOL. CLXIX ... No. 58,558

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NEW YORK, TUESDAY, DECEMBER 31, 2019

\$3.00



HUSSEIN FALEH/AGENCE FRANCE-PRESSE - GETTY IMAGES

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Strikes by U.S. Renew Anger Among Iraqis

## Business Got Big Tax Cut; Lobbyists Made It Bigger

Campaign to Add Loopholes to the Law — Deficit, Up 50%, Nears \$1 Trillion

#### By JESSE DRUCKER and JIM TANKERSLEY

The overhaul of the federal tax law in 2017 was the signature legislative achievement of Donald J. Trump's presidency.

The biggest change to the tax code in three decades, the law slashed taxes for big companies, part of an effort to coax them to invest more in the United States and to discourage them from stashing profits in overseas tax havens.

Corporate executives, major investors and the wealthiest Americans hailed the tax cuts as a oncein-a-generation boon not only to their own fortunes but also to the United States economy.

But big companies wanted more — and, not long after the bill became law in December 2017, the Trump administration began transforming the tax package into a greater windfall for the world's largest corporations and their shareholders. The tax bills of many big companies have ended up even smaller than what was anticipated when the president signed the bill.

One consequence is that the federal government may collect hundreds of billions of dollars less over the coming decade than previously projected. The budget deficit has jumped more than 50 percent since Mr. Trump took of

.

Starting in early 2018, senior officials in President Trump's Treasury Department were swarmed by lobbyists seeking to insulate companies from the few parts of the tax law that would have required them to pay more. The crush of meetings was so intense that some top Treasury officials had little time to do their jobs, according to two people familiar with the process.

The lobbyists targeted a pair of major new taxes that were supposed to raise hundreds of billions of dollars from companies that had been avoiding taxes in part by claiming their profits were earned outside the United States.

The blitz was led by a cross section of the world's largest companies, including Anheuser-Busch, Credit Suisse, General Electric, United Technologies, Barclays, Coca-Cola, Bank of America, UBS, IBM, Kraft Heinz, Kimberly-Clark, News Corporation, Chubb, ConocoPhillips, HSBC and the American International Group.

Thanks in part to the chaotic manner in which the bill was rushed through Congress — a situation that gave the Treasury Department extra latitude to interpret a law that was, by all ac-

REUTERS

Markets Breakingviews Video More

HEALTHCARE & PHARMA DECEMBER 31, 2019 / 1:55 AM / UPDATED 2 YEARS AGO

### Chinese officials investigate cause of pneumonia outbreak in Wuhan

By Reuters Staff

2 MIN READ



BEIJING (Reuters) - Chinese health authorities said they are investigating 27 cases of viral pneumonia in the central city of Wuhan, after rumors on social media suggested the outbreak could be linked to Severe Acute Respiratory Syndrome (SARS).

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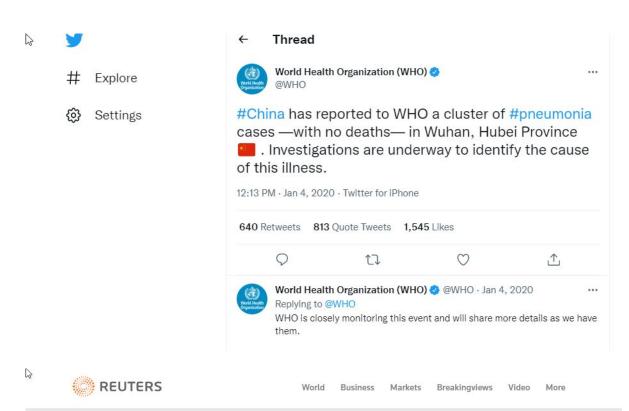
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DRUCKER and JIM TANKERSI

#### #China has reported to WHO a cluster of #pneumo case Short on Tools, \* of th Central Banks 12:13 P

#### By JEANNA SMIALEK and JACK EWING

Face Outbreak

Federal Reserve officials and their global counterparts are staring down an economic threat unlike any they have ever faced, as markets look to them to contain the fallout from a rapidly spreading virus with limited arremantion and tooks ill suited to deal with broken supply chains and quarantined consumers.

No playbook exists for dealing with the economic threat posed by the coronavirus, which has already shuttered factories and inspaired companies across the stlobe.

The outbreak has sickened more than \$6,000 people and has been spreading rapidly outside of China, where it first surfaced. Inpan, South Korea, Iran and Italy are all battling major outbrooks, in many cases imposing quarantines to contain the spread. That has disrupted supply chains, forcing companies like Apple and Toyota to idle factories in China and grounding airlines as consumers

Readiness of U.S. for an Epidemic Raises Fears About Shortages | Socialists Bring

#### By ANDREW JACOBS and SHERI FINK

In 2005, the federal government sought to assess how a respiratory-related postderoic might play out in the United States. Its report. estimated that a severe influence. pandentic would require mechanical ventilators for 740,000 critically ill people.

Today, as the country faces the possibility of a widespread outbreak of a new respiratory infection caused by the coronavirus, there are nowhere near that many ventilators, and most are already in use. Only about 62,000 full-leatured ventilators were in hospitals across the country, a 2000 study found. More than 10,000 others are stored in the Strategic National Stockpile, a federal cache of supplies and medicines held in case of emergencies, according to Dr. Thomas R. Prieden, a former director of the Centers for Disease Control and Poyvention.

Tens of thousands of other respiratory devices could be repurposed in an emergency, experts sury, but the shortfall could be stark, potentially forcing doctors



A patient at a nursing home on Saturday in Kirkland, Wash. The facility has two cases of the virus.

to make excruciating life-or-death decisions about who would get such help should hospitals become flooded with the desperately mick.

reach severy proportions in the United States or affect many regions at once. With its top-notch scientists, modern hospitals and sprawling public health infra-

manage such an epidemic.

But the curonavirus, which appeaced in China in December and has stricked more than \$6,000. people around the world, killing

## Tea Party Anger To 'Dirtbag Left'

#### By NELLIE BOWLES

IOWA CITY - The people in the crowd were angry, and "Chapo Trup House" wanted them to stay that way. The five hosts of the popular socialist podcast wanted everyone to know they had all been lied to. About everything.

The media they consumed was take news aimed to distract them from the only war worth fighting: the class war. Politesse, civility, even pleasure - those were tools of the neoliberal oppressor. The right prover is rage.

"That joy," the Chapo co-host Will Meruker said to the crowd gathered in Iowa City on the eye of the lown caucus. "That's good but it's not as good a motivator when you're really going to war as

"Let the hate feed you," the cohost Amber A'Lee Frost added as the authorse reared.

And it does. Especially toward

Supporters of former Vice President Joseph R. Birlen Jr. are 'selatinous 100-year-olds,"



scan, in response to a mysterious infectious disease outbreak in central China. And



By Sui-Lee Wee and Donald G. McNeil Jr.

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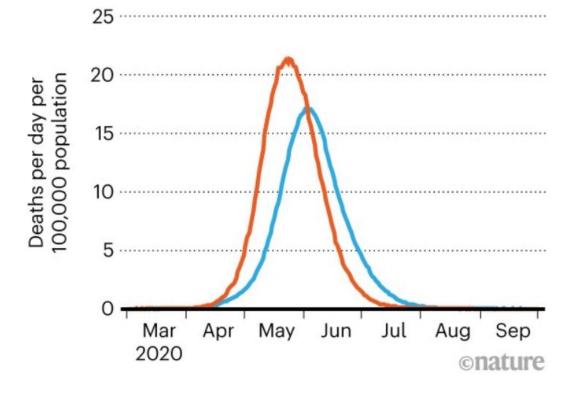
CAR SSM-leabt

other Democrats.

## **SIMULATION SHOCK**

A model by Imperial College London in mid-March predicted a total of more than 500,000 UK deaths from COVID-19, and more than 2.2 million in the United States if no action was taken to stop the virus spreading in those countries.





Source: Ref. 1

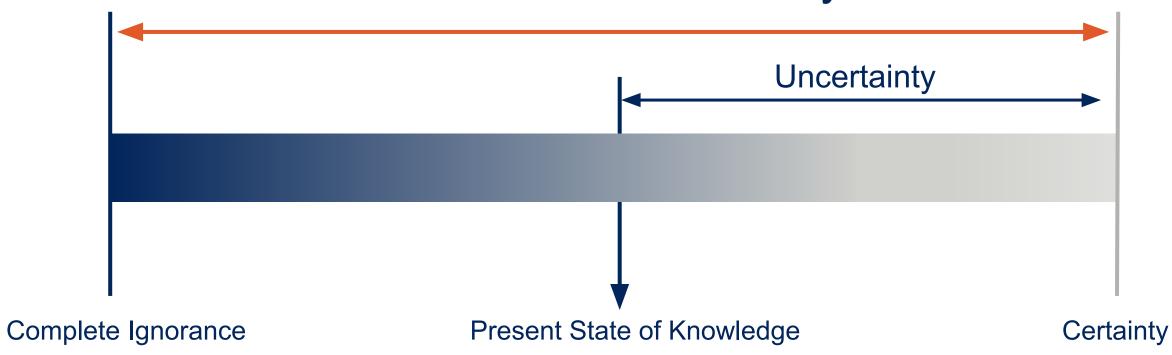


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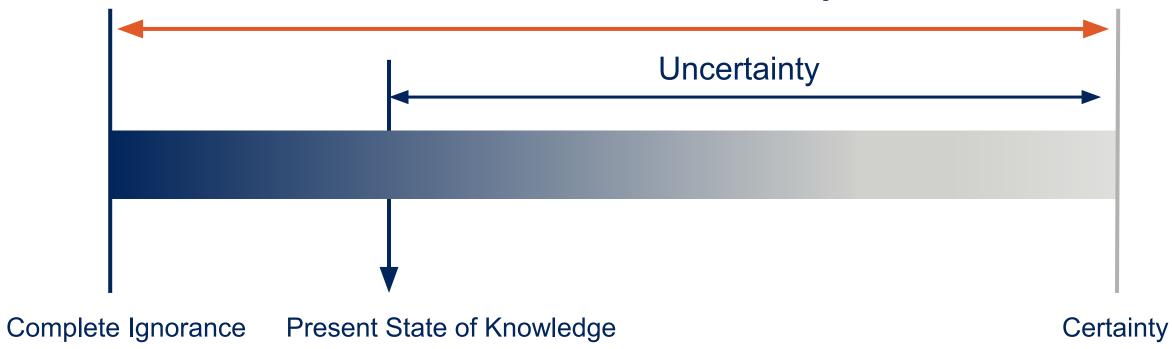
— Donald Rumsfeld —

AZ QUOTES

## **Maximum Uncertainty**



## **Maximum Uncertainty**







War is the realm of uncertainty; three quarter of the factors on which action in war is based are wrapped in a fog of greater or lesser uncertainty. A sensitive and discriminating judgment is called for; a skilled intelligence to scent out the truth"

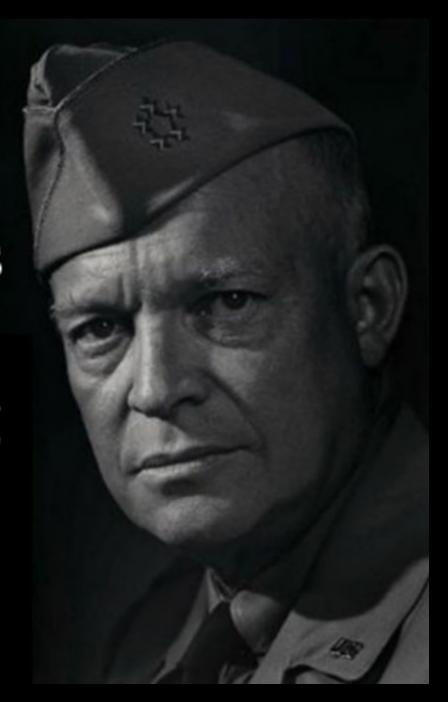
Gen Carl von Clausewitz

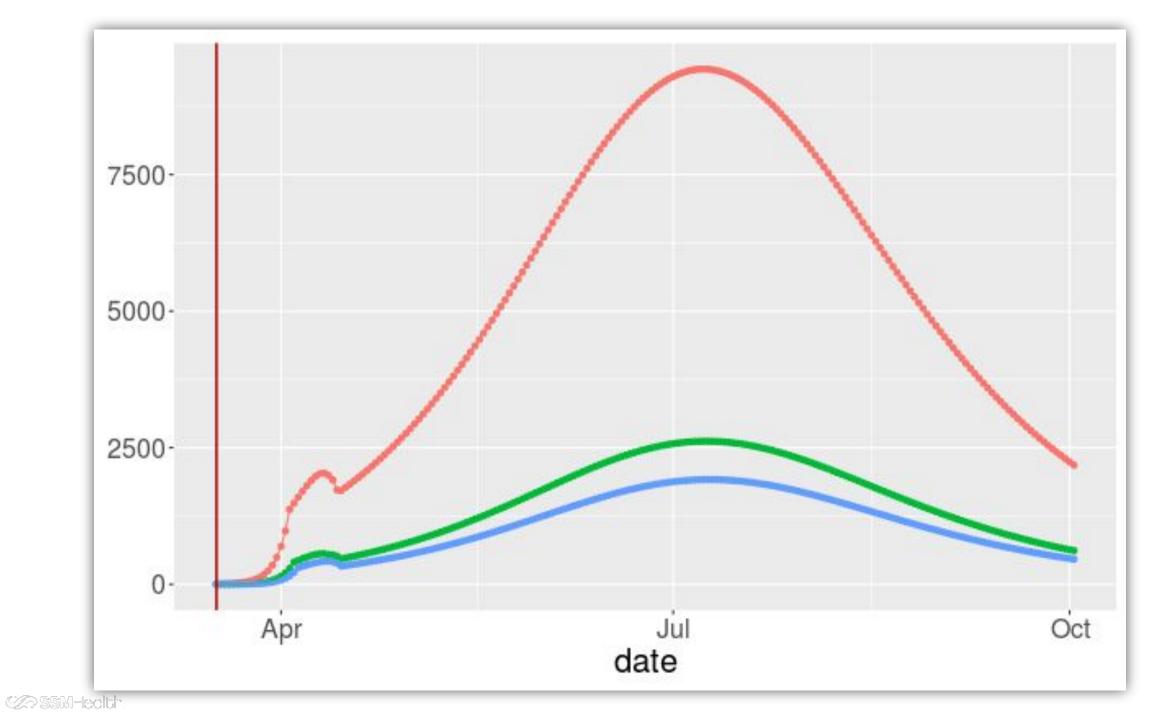
# Learning Objectives

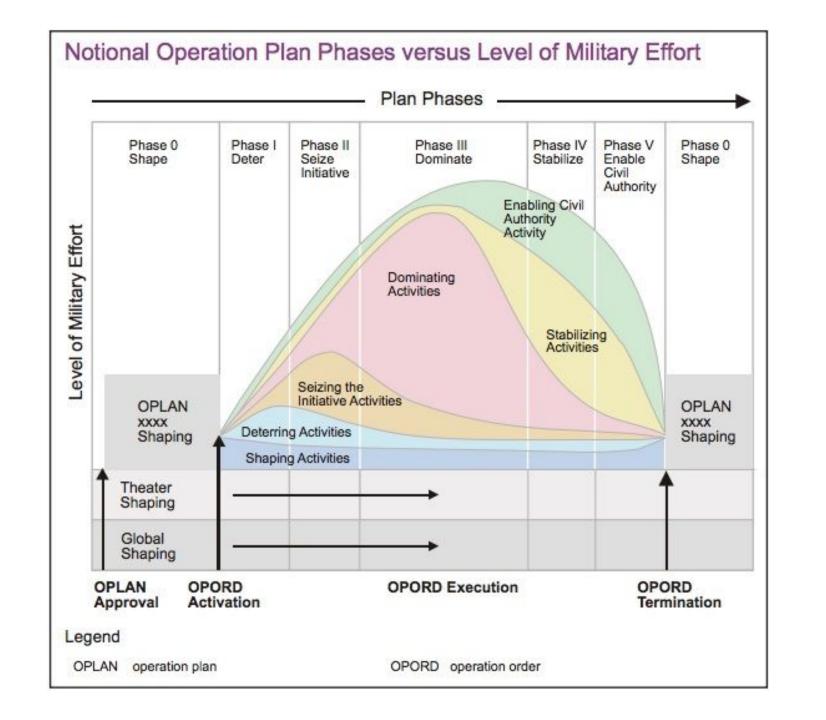
- How to use a deliberate planning process in periods of uncertainty
- Adapting to changes on the ground
- Leveraging communication to advance and influence your strategic plans

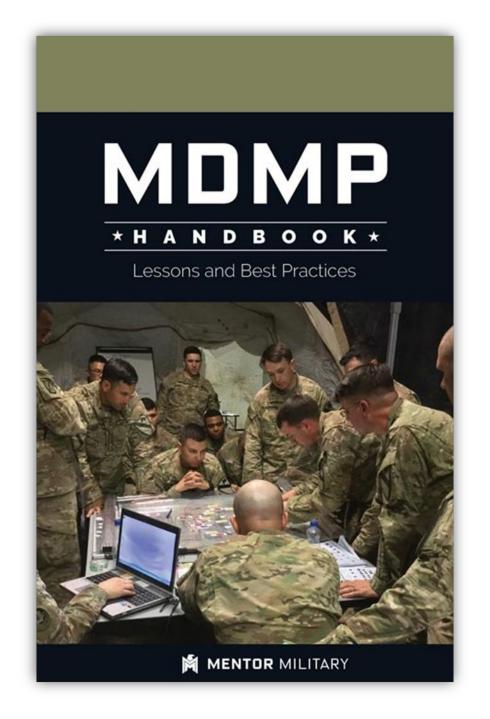
In preparing for battle, I have always found that plans are useless but planning is indispensable.

- Dwight D. Eisenhower

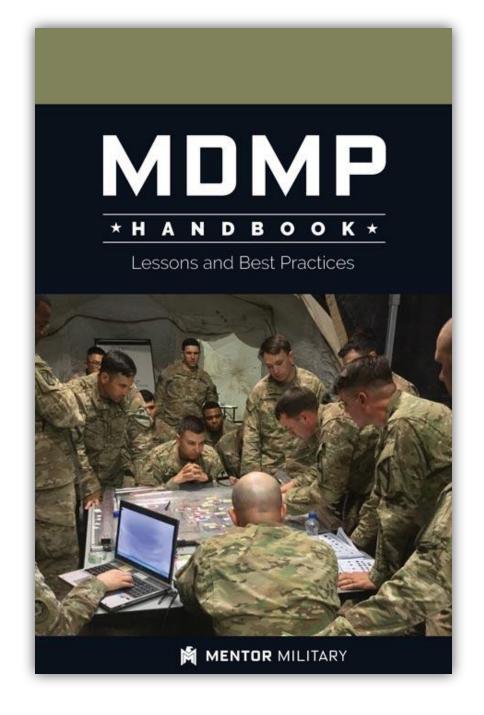








# Military Decision Making Process (MDMP)



# Planning & Decision Making Process

- Planning is the art and science of understanding a situation, envisioning a desired future and laying out effective ways of bringing that future about.
- All planning is based on imperfect knowledge and assumptions about the future.
- Planning cannot predict exactly what the effects of the operation will be, how things will behave, or how people will respond.
- The understanding and learning that occur during the planning process have great value.

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# **Planning & Decision Making Process**

## MDMP Steps

Higher HQs IPB

\* Restated mission

guidance, and CCIR

Initial IPB products

quidance

Enemy COAs

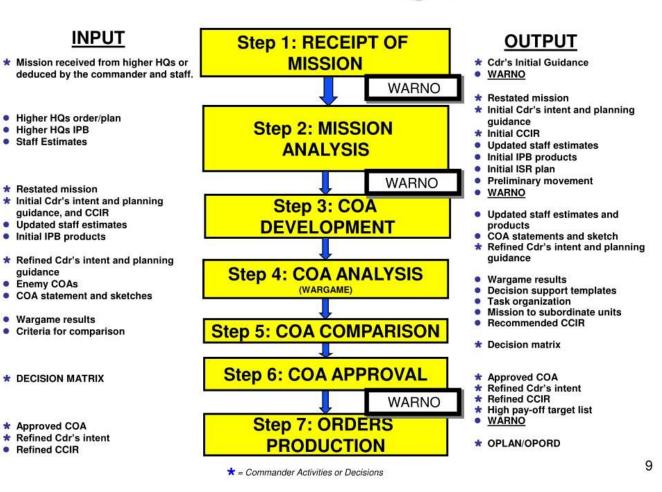
Wargame results

\* DECISION MATRIX

\* Approved COA \* Refined Cdr's intent

Refined CCIR

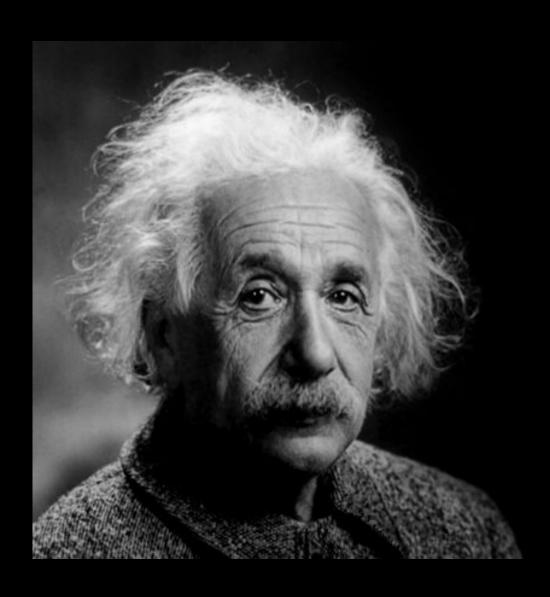
Staff Estimates



# Planning & Decision Making Process

Step 1: What End State Timeline Frame the Problem Looks Like Issues/Priorities **Initial Planning** Guidance Estimates on patients and health systems demand Health Systems Assumptions Intelligence Step 2: regarding the Requirements pandemic and Mission Analysis response Knowledge products Evaluation criteria for about SARS CoV-2 COA Develop initial information collection plan **Planning** Guidance from Assess Assets Step 3: **Broad Concept** Step 2 Course of Action of Operations Assumptions Development **Evaluation Criteria** Course of Action Proposal for COA

**COA Approval and Execution** 

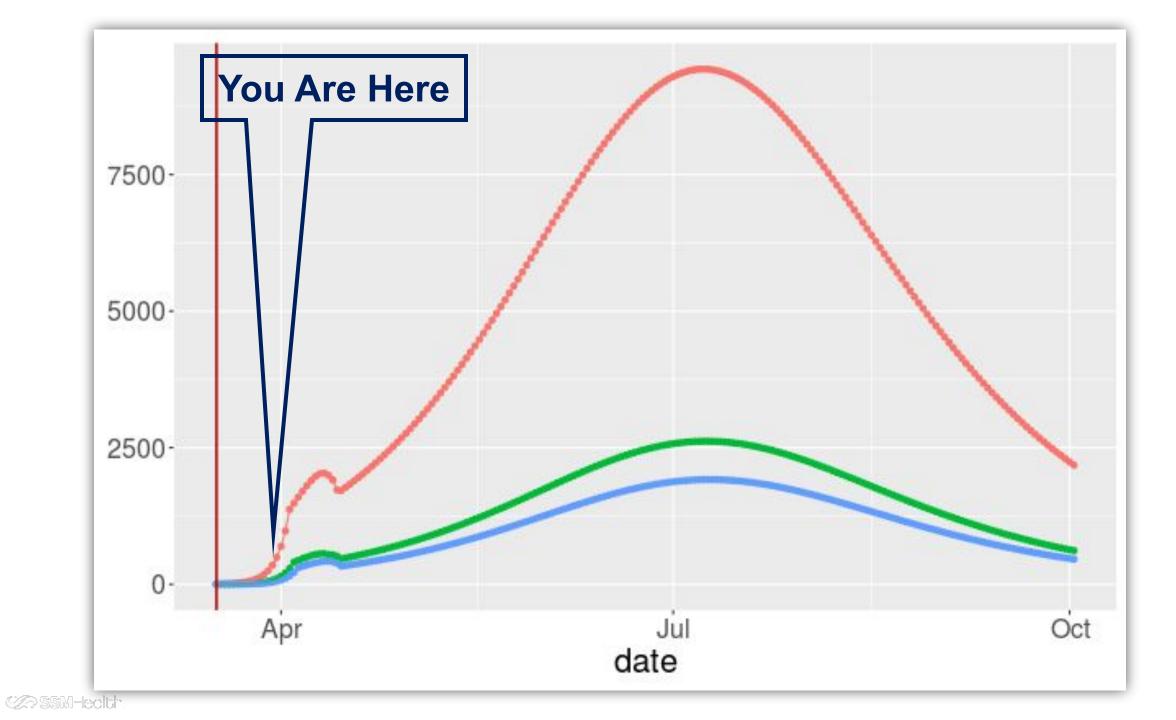


"If I were given one hour to save the world, I would spend 59 minutes defining the problem and one minute solving it."

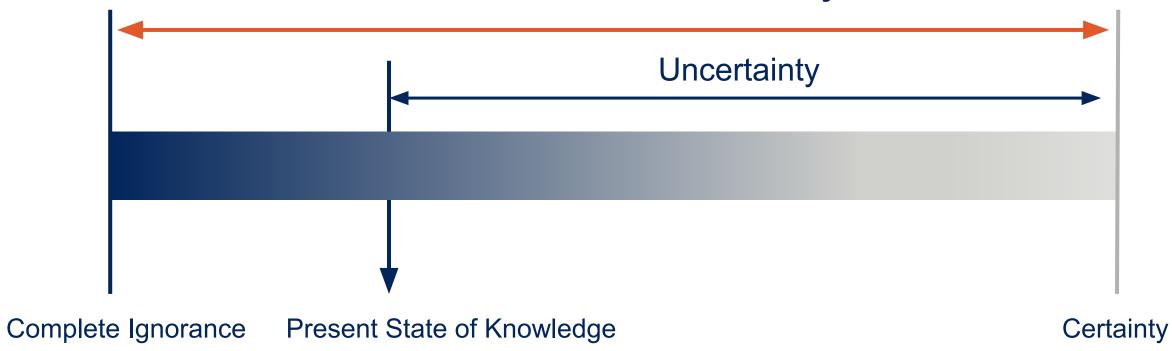
Albert Einstein

# Desired End State

- 1. Frame the environment
- 2. Frame the problem
- 3. Envision the "Endstate"



## **Maximum Uncertainty**



35

# Desired End State

Re-establishing the vitality and vibrancy of the Greater St. Louis region, Characterized by:

- Overall health and well-being with a substantial decrease in new transmissions
- 2. Elimination of shelter-in-place orders
- 3. Re-activation of local economy

# Organized Approach to Planning

### **Analysis**

- Initial Intelligence What do I know?
- Review Assets What do I have?
- Determine Constraints What are my limits?
- Critical Facts and Assumptions What can I assume?
- Risk Management What are the risks?
- Developing Themes and Messaging What do I want people to know/understand

Potential Solution - Course of Action (COA)

## **COVID:** Initial Intelligence Preparation

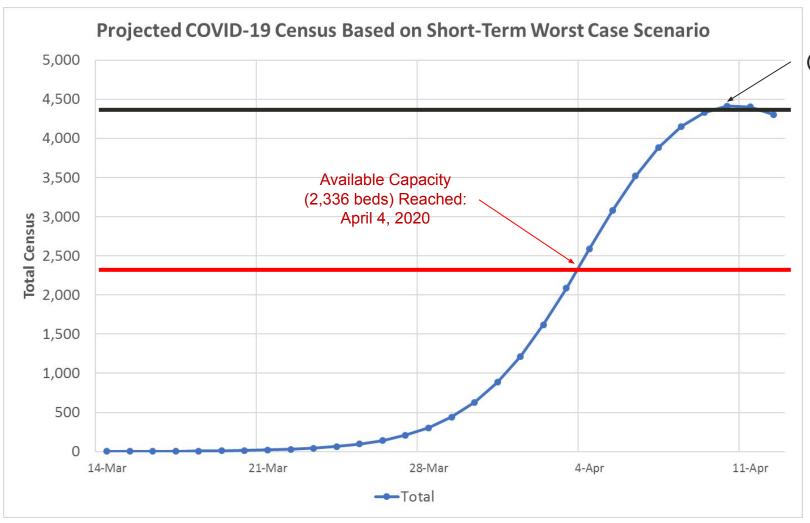
Analyzing variables to determine effects on operations

"The general who wins the battle makes many calculations in his temple before the battle is fought. The general who loses makes but few calculations beforehand."

### **Consensus Model Characteristics**

Main assumptions of the model	Value	Definition
Day 0	3/17/2020	Date when known inpatients COVID-19 at BJC, Mercy, and SSM Health >2
Estimate of current inpatients with COVID-19 (diagnosed or not) on Day 0	4	Known number of COVID-19 inpatients at BJC, Mercy, and SSM Health
Number of people in region	2,800,000	St. Louis MSA population
Doubling time	2.1	Number of days it takes to double the number of cases. Based on BJC, Mercy, SSM Health hospitalization between 3/17-3/26
Date of intervention	7 days after day 0	"Stay at Home" order issued for St. Louis City and County on 3/23/2020
Doubling time after intervention	11.7 days	Number of days to double the number of cases after "Stay at Home" order
Clinical assumptions of COVID-19 patients		
Average days of length of illness	14	
% hospitalized patients among all COVID-19 infections	6	
% ICU patients among hospitalized patients	30	
% ventilated patients among ICU patients	75	
Average days from infection to hospitalization	10	Based on scientific literature and expert opinions of BJC, Mercy, SSM Health,
Average days from hospitalization to ICU	1	Washington University infectious disease physicians and epidemiologists
Average days from ICU to ventilation	1	
Average days of hospitalization	11	
Average days ICU stay	8	
Average days on ventilation	10	

### STL MSA Hospitalized Census: Short Term Worst Case



Crisis Capacity (4,403 beds) Reached: April 10, 2020

Projected Worst Case

Short Term

Hospitalization Peak:

April 10<sup>th</sup>

Would Hit ICU & Vent Capacity Sooner

(Logistic model initially based on Italian experience; subsequently adjusted with US experience data)

## **COVID:** Available Assets

Space, Staff, and Stuff

## **Space:** Hospital Beds

	BJC	Mercy	SSM	TOTAL
Hospital Beds "Normal Operations"				
ICU Beds "Normal Operations"				
Current Census				
Open Capacity for COVID patients				
Open Capacity + Crisis Interventions	XXXX	XXXX	XXXX	XXXX

### Staff: Physicians, Nurses, and Other Staff

	BJC	Mercy	SSM	TOTAL
Physicians				
Critical Care Physicians				
Advanced Practice Providers				
Registered Nurses				
ICU Registered Nurses				
Crisis Capacity Top-of-license, MAs, LPNs, recruiting, locums, retired, travel, increased care ratios, etc.	X	X	X	X

### **Stuff:** Ventilators

	BJC	Mercy	SSM	TOTAL
Ventilators				
BiPAPs				
Anesthesia Machines				
Crisis Capacity  Dual patient ventilators, additional supply, etc.	X	X	X	X

### Stuff: Personal Protective Equipment (PPE)

	BJC	Mercy	SSM	TOTAL
PPE: Days on Hand				
Anticipated Burn Rate				
Crisis Capacity Adjustments to protocols, additional supply, etc.	X	X	X	X

## Partners Outside Healthcare

### **Community Resources**

Other medical assets

Other abilities to care for patients

 Other methods/locations to care for low-acuity patients

## **COVID:** Constraints

Restrictions placed on the system

## Restrictions on the System

### - EMTALA

- Standards of Care
  - At what point do these change?
- Resupply of PPE

## **COVID:** Critical Facts & Assumptions

What we know and what we believe

## **Facts**

Statements of *truth* or statements considered to be true at the time

 We have limited capacity to care for COVID patients

2. We have limited ventilators

3. We have **limited staff** 

## Assumptions

Suppositions on current situation or presuppositions on future course of events, assumed to be true in the absence of positive proof

- We will have more patients than we can care for
- We will run out of ICU capacity, ventilators, and PPE
- 3. We will need to manage **public** misinformation and negative sentiment
- 4. Our workforce will degrade over time
  - Exhaustion
  - Infection
  - Non-infectious loss

## **COVID:** Risk Management

Implementing threat mitigation strategies

## Risks

- What are we willing to do to save the highest number of lives?
- What are our triage guidelines?
- Legal risk
- How do we minimize risk to workforce?
  - PPE
  - Housing for exposed / infected workforce

## **COVID:** Communication Strategy

Appropriate and timely messaging to stakeholders

# Theme & Message

• What is our unifying or dominant idea to express our purpose for action?

What is our message to support our theme?

### **COVID:** Course of Action

Feasible, Acceptable, and Suitable

## Requirements

Feasible – will this plan accomplish what we intend within established time, space and resource limitations?

 Acceptable – does this plan balance risk with action? Is it acceptable to the public?

 Suitable – Can the COA accomplish the mission within the planning guidance?

## Requirements (cont.)

How does this lead to accomplishing our mission?

- How do we prepare for success (shaping) now?

- How do we sustain for success?

 What are the tasks performed and conditions achieved for success?

## Steps

- Assess our assets
  - Space, Staff, Stuff
- How is it organized across the space?
- Where are we vulnerable?
- What additional resources do we need?

How do we allocate resources?

## **Broad Concept**

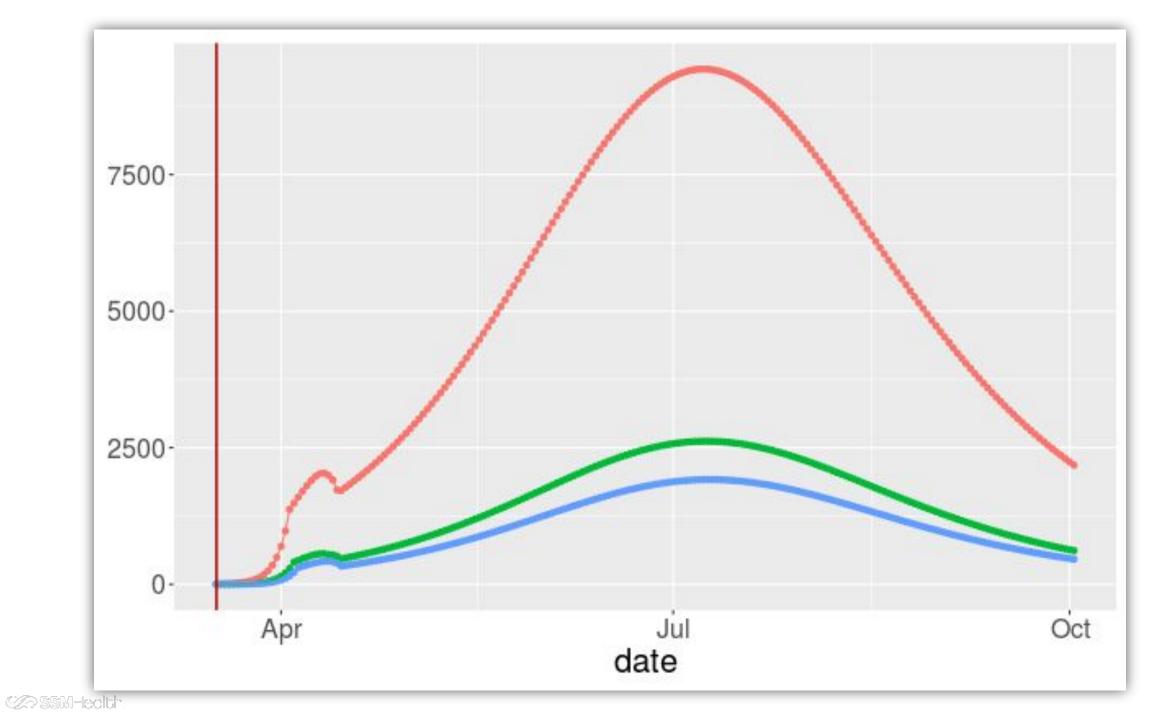
What are the critical events?

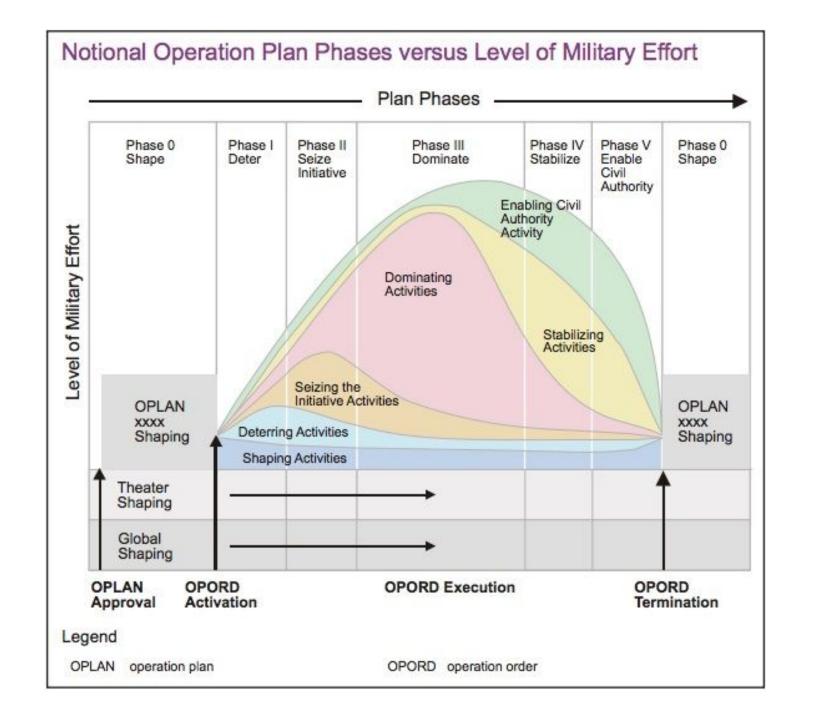
- What risks are we willing to accept?
- Lines of Effort
  - General, lack specifics
  - Rely on units to develop and refine tasks

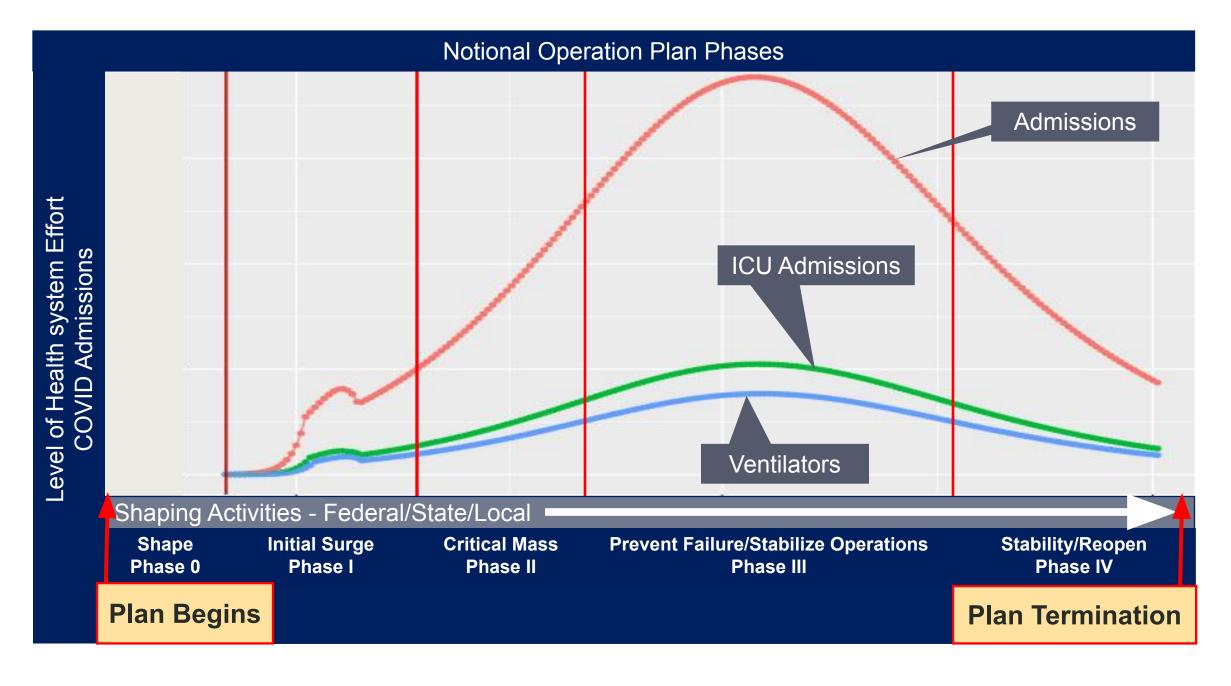
### **Broad Concept (cont.)**

### **Healthcare systems will focus on Acute Care**

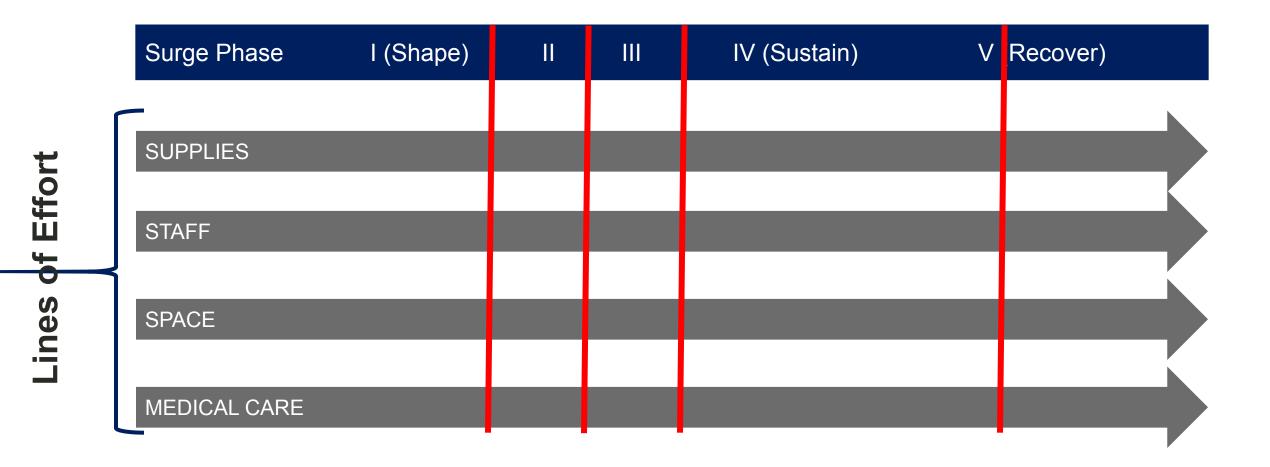
- Specifically on maximizing intensive care resources
- Lines of Effort (Dependent on Phase of Operations)
  - Supplies PPE and ventilators
  - Space Maximize hospital capacity
  - Staff Consolidate staff and redeploy to meet demand
  - Medical Care Develop clinical pathways and protocols to maximize care and survivability
  - Standards of Care Triage resources and patients
  - Community Assets What do they bring to the effort? Alternative care sites?







### Collective Response Will Require a Phased Approach



### **Examples:** Lines of Effort

#### **SUPPLIES**

 PPE substitutions/alternatives for those in contact with asymptomatic patients that may be positive

#### **STAFF**

Adjust care ratios (e.g., from 1:2 to 1:3) to increase labor capacity

#### **SPACE**

Move to double occupancy (known positives/known negatives)

#### **MEDICAL CARE**

 Advance discharge protocols to alternative sites for recovering patients to open beds faster



## ST. LOUIS METROPOLITAN PANDEMIC TASK FORCE

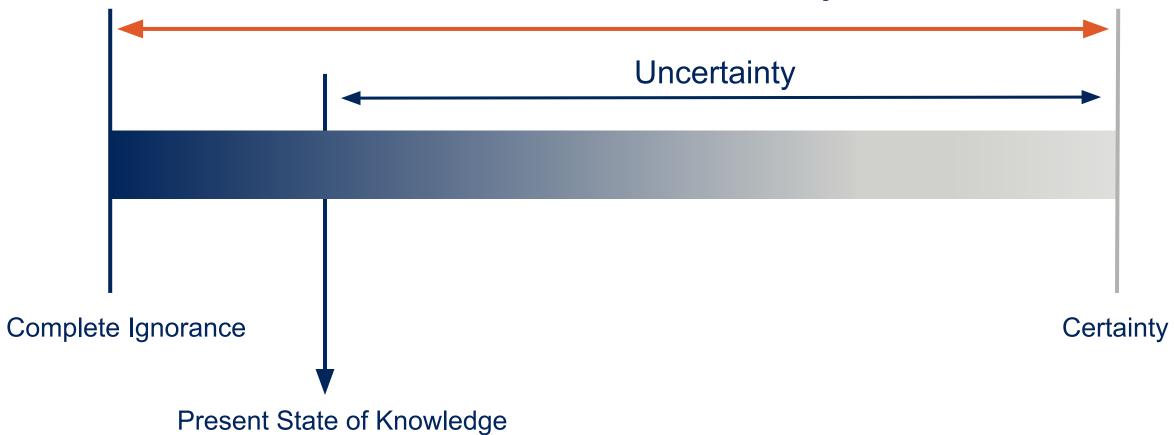




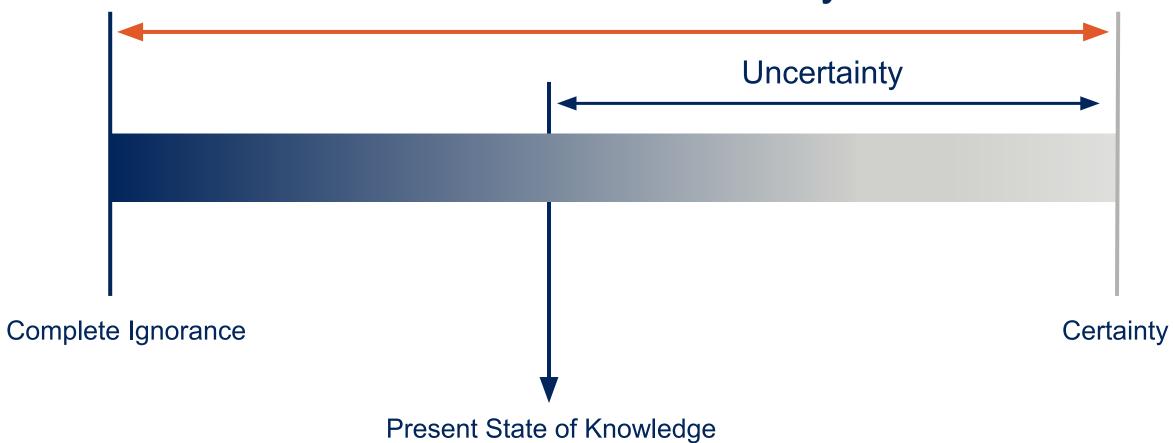




## **Maximum Uncertainty**



## **Maximum Uncertainty**





## Learning Objectives

- How to use a deliberate planning process in periods of uncertainty
- Adapting to changes on the ground
- Leveraging communication to advance and influence your strategic plans

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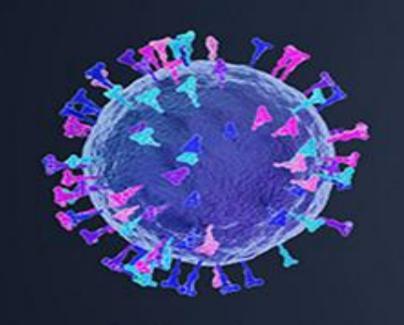




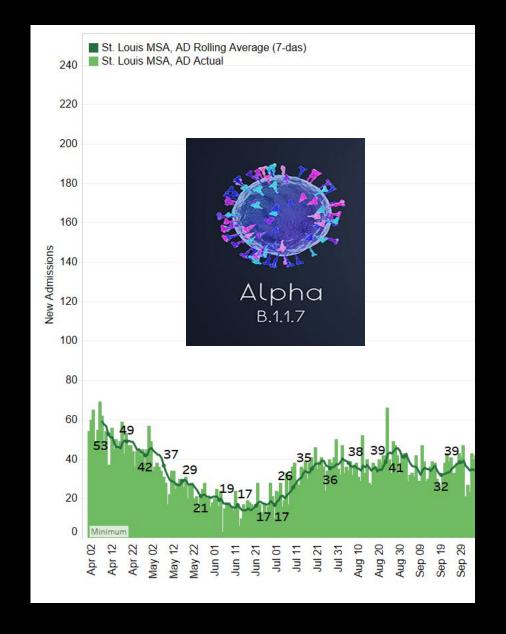
No plan of operations extends with any certainty beyond the first contact with the main hostile force.

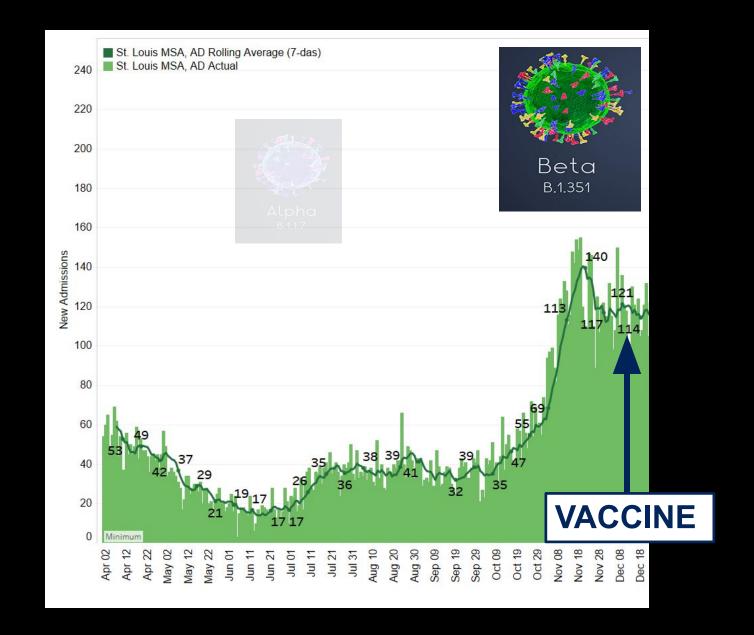
~ Helmuth von Moltke the Elder



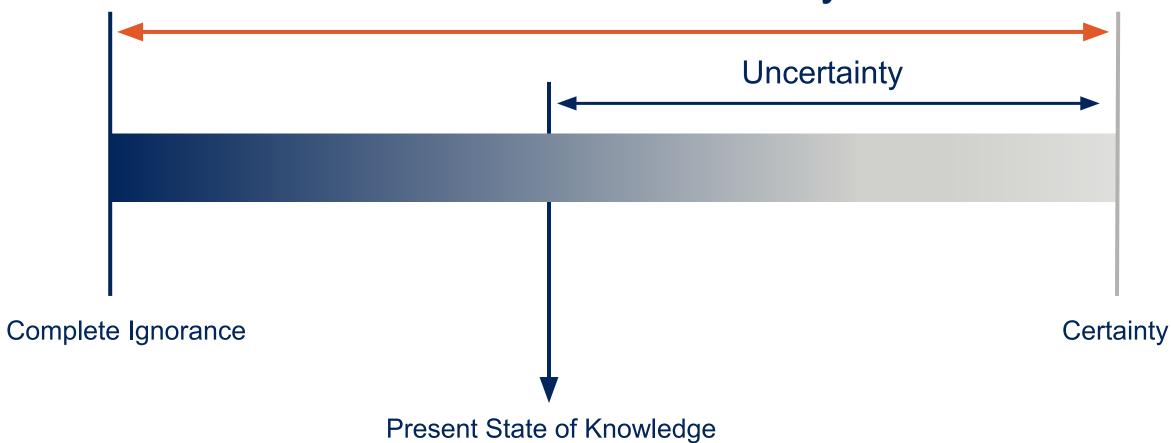


Alpha B.1.1.7





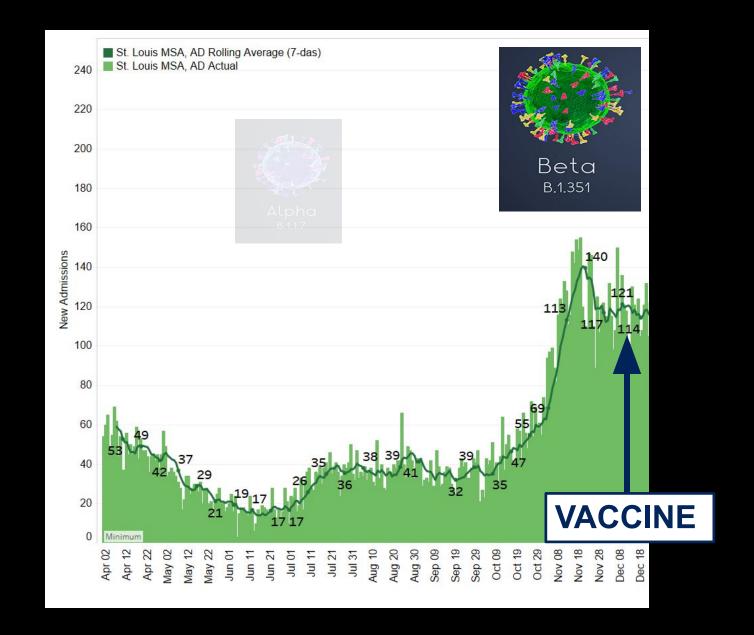
### **Maximum Uncertainty**

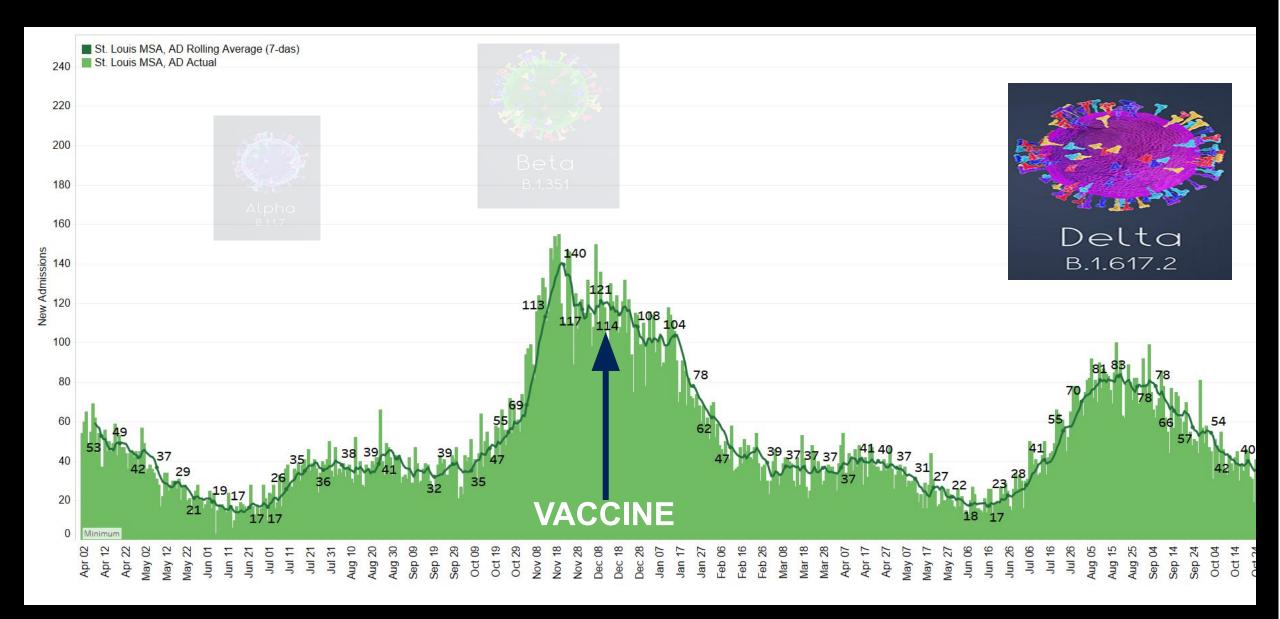


# Planning & Decision Making Process

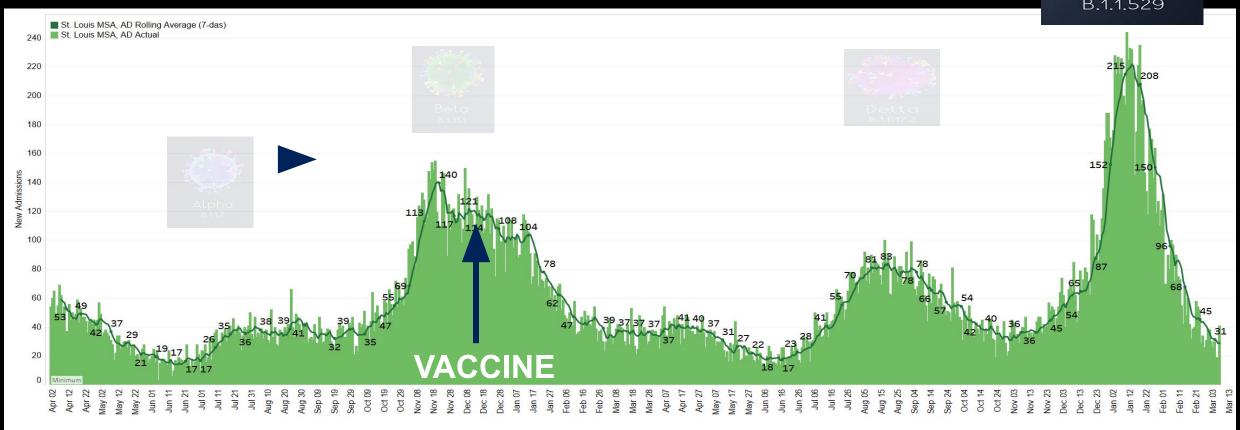
Step 1: What End State Timeline Frame the Problem Looks Like Issues/Priorities **Initial Planning** Guidance Estimates on patients and health systems demand Health Systems Assumptions Intelligence Step 2: regarding the Requirements pandemic and Mission Analysis response Knowledge products Evaluation criteria for about SARS CoV-2 COA Develop initial information collection plan **Planning** Guidance from Assess Assets Step 3: **Broad Concept** Step 2 Course of Action of Operations Assumptions Development **Evaluation Criteria** Course of Action Proposal for COA

**COA Approval and Execution** 

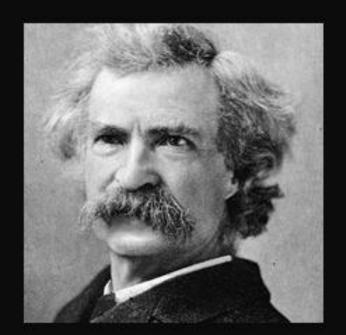












A lie can make it half way around the world before the truth has time to put its boots on.

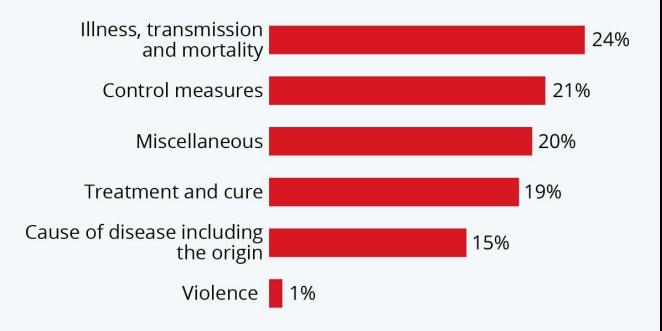
~ Mark Twain





## The Composition Of Coronavirus Misinformation

Composition of Covid-19 rumors, stigma and conspiracy theories circulating on social media/online news platforms\*



<sup>\*</sup> Based on 2,311 reports in 25 languages from 87 countries between Dec 31, 2019 and Apr 15, 2020.

Source: American Journal of Tropical Medicine and Hygiene



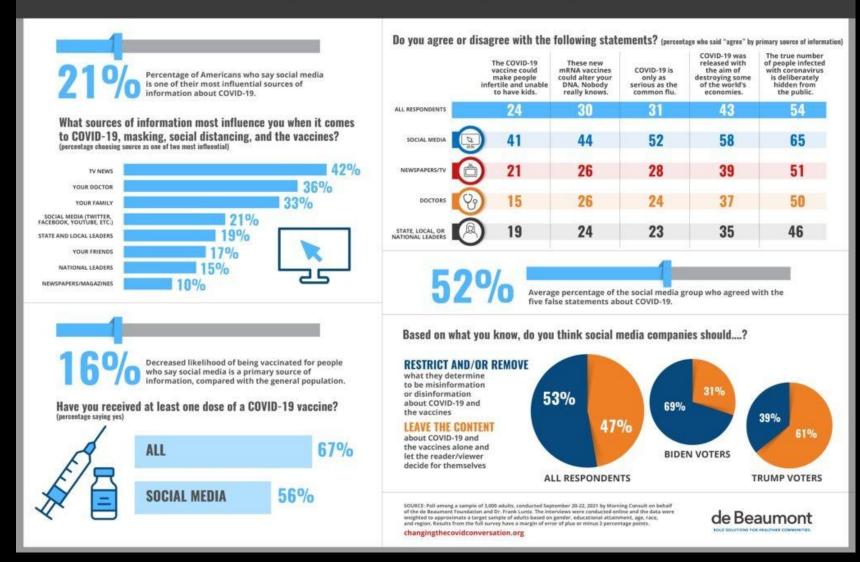




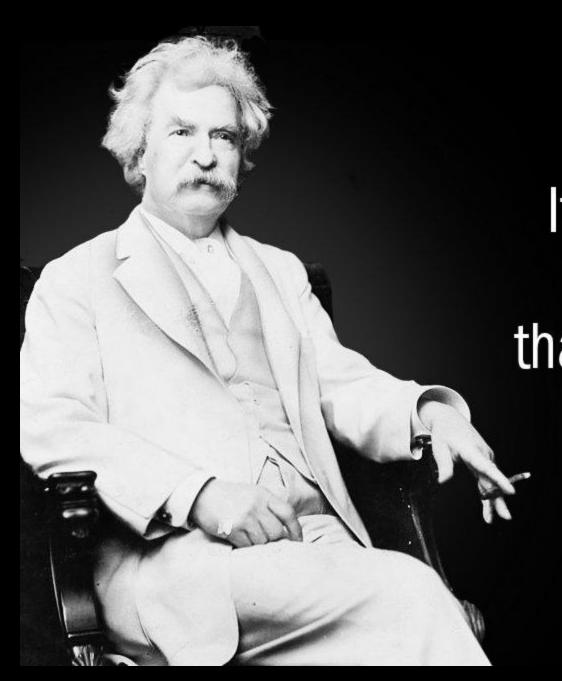


#### THE DANGEROUS LINK BETWEEN SOCIAL MEDIA, MISINFORMATION, AND VACCINATION RATES

A new study provides irrefutable evidence that people who rely on social media for information about COVID-19 are much more likely to believe misinformation about the virus, and much less likely to be vaccinated.



Morning Consult poll among a sample of 3,000 adults, September 20-22, 2021 https://debeaumont.org/news/2021/social-media-misinformation-poll/



It's easier to fool people than to convince them that they have been fooled.

- Mark Twain

### Learning Objectives

- How to use a deliberate planning process in periods of uncertainty
- Adapting to changes on the ground
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# Theme & Message

• What is our unifying or dominant idea to express our purpose for action?

What is our message to support our theme?

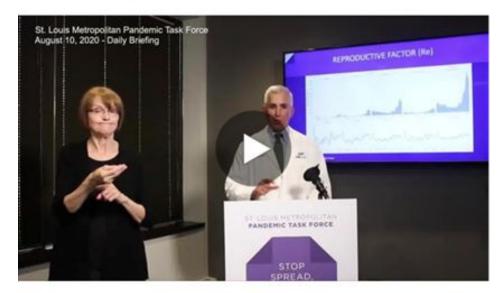
#### Communications

Home Posts Reviews Videos **Photos** 



St. Louis Metropolitan Pandemic Task Force was live.

1d · 🕙





Watch together with friends or with a group

Start

...



**00** 81

27 Comments 24 Shares 7.7K Views



Comment

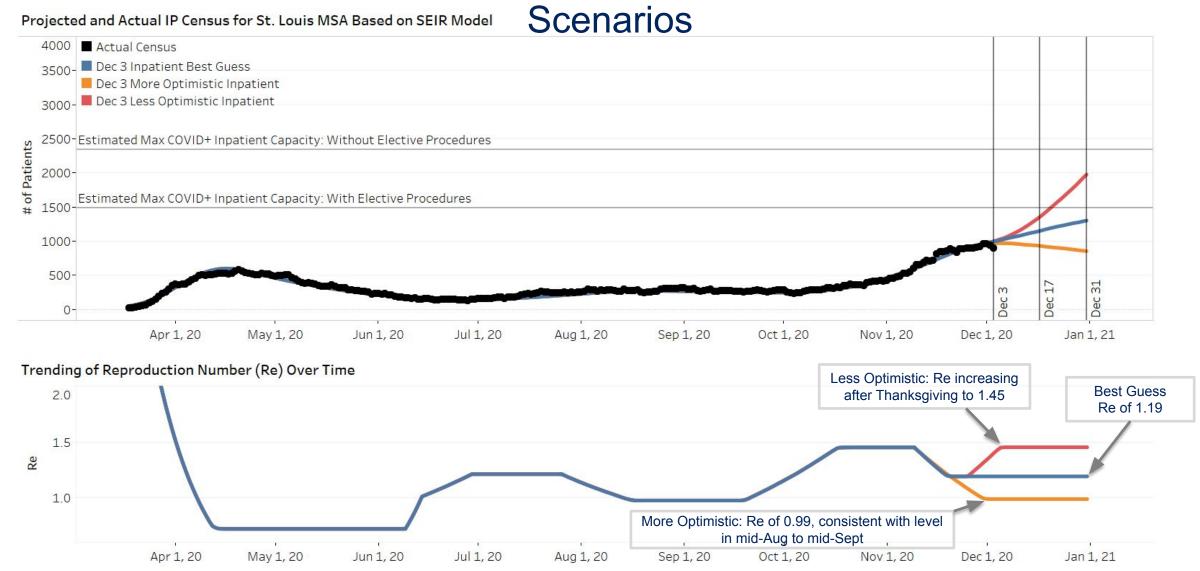


#### **Communications**

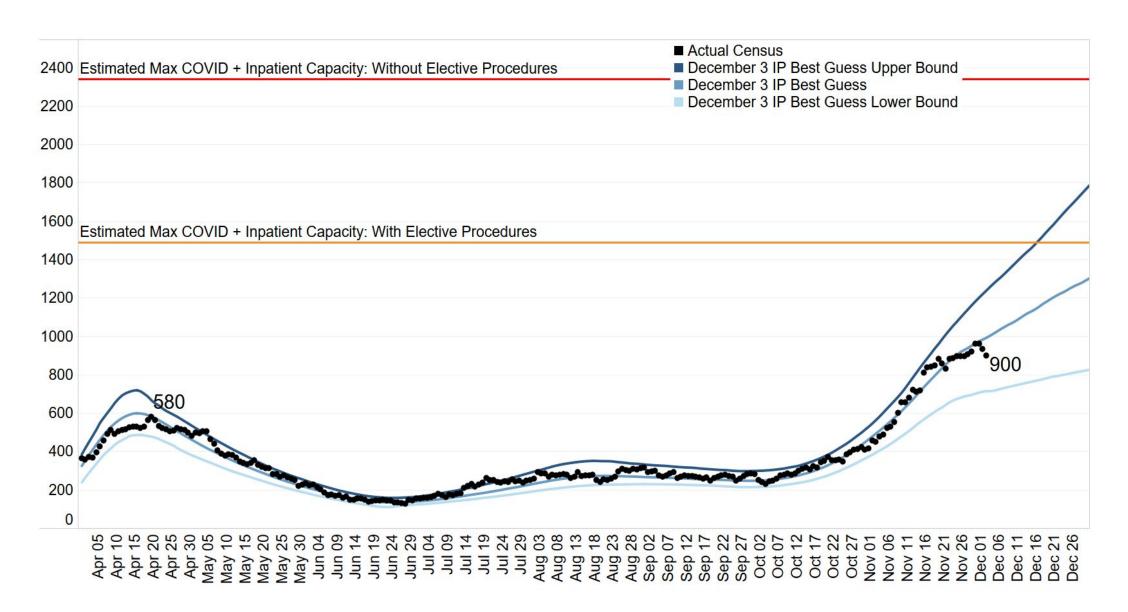


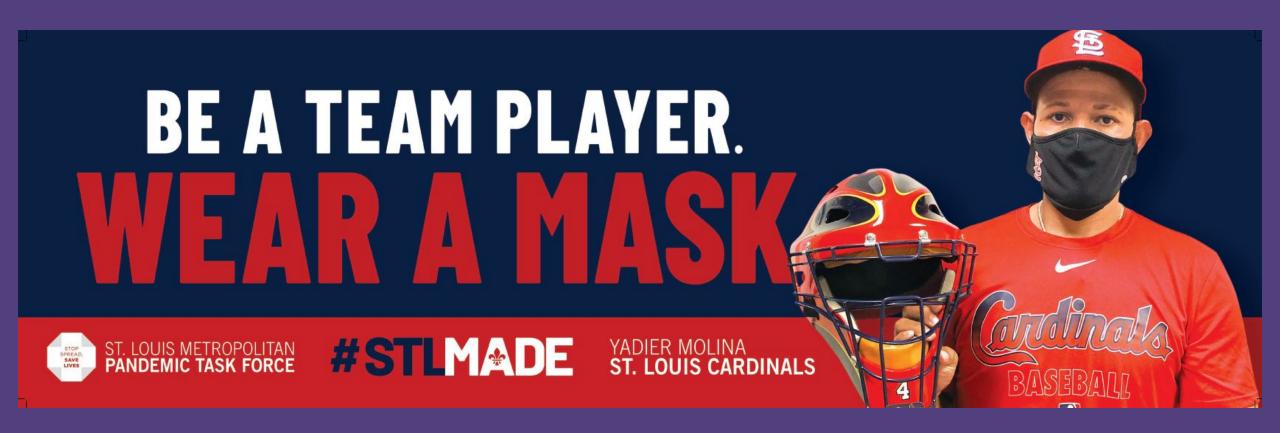
- Be Consistent
- Be Clear
- Be Fact Based
- Be Available
- Argue on Logic, Not Emotion

#### Alternate Models: More Optimistic and Less Optimistic

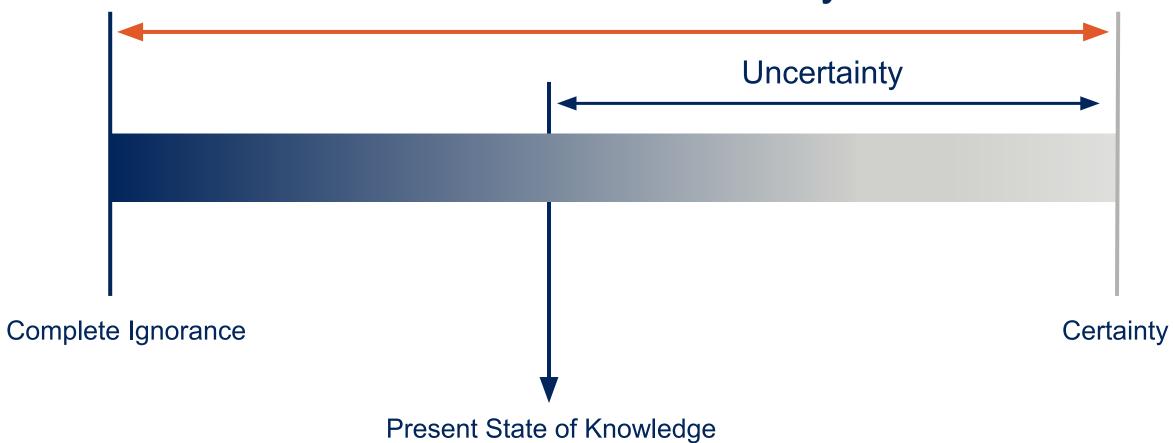


#### Projections vs. Actuals: COVID-19 Inpatient Census for St. Louis MSA Hospitals

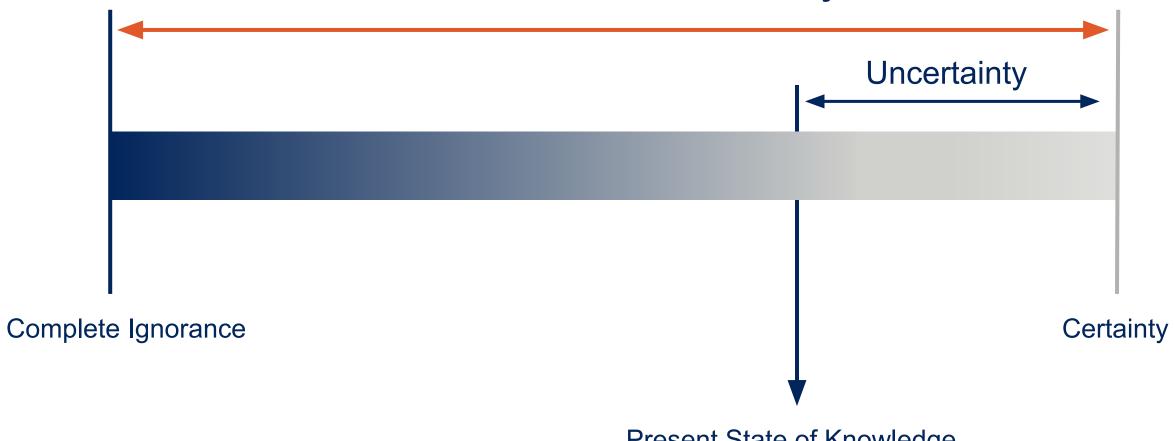




### **Maximum Uncertainty**



### **Maximum Uncertainty**





It is said that if you know your enemies and know yourself, you will not be imperiled in a hundred battles; if you do not know your enemies but do know yourself, you will win one and lose one; if you do not know your enemies nor yourself, you will be imperiled in every single battle.



## ST. LOUIS METROPOLITAN PANDEMIC TASK FORCE









