



THE UNIVERSITY OF
CHICAGO
MEDICINE

Strategic decisions in a fishbowl:
Chicago trauma

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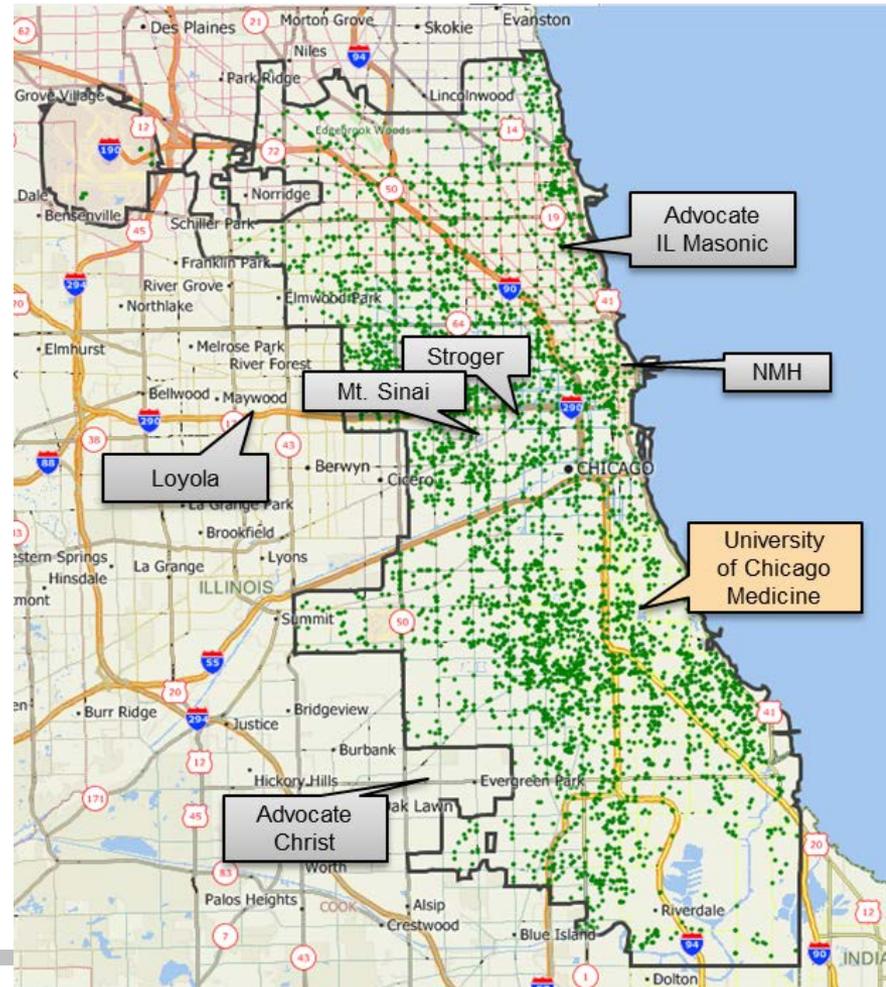
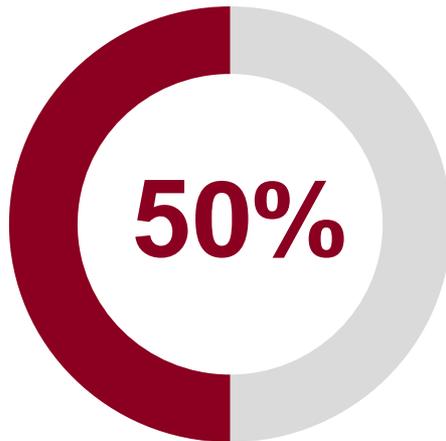
Strategic decisions in a fishbowl

- As chairs, we encounter institutional strategic decisions that may be politically charged or otherwise potentially subject to external scrutiny
- We may personally hold views on those decisions that are concordant with, or contrary to the institutional approach – which view do we represent publicly, and to which audiences?
- Do we have the right training and tools to optimally represent the institution (and ourselves) to an inquiring and sometimes hostile media?
- Example: University of Chicago and its (lack of) Level 1 adult trauma center

Chicago's South Side has had no level 1 trauma center since 1991

CY2014 CFD Trauma Incident Runs

While **50 percent** of the traumas in Chicago occur on the South Side



Why not?

- Multifactorial and complex
- U of C briefly operated a level 1 center but it closed in 1988 due to financial losses. Michael Reiss closed 2 years later.
- UCM maintains a pediatric Level 1 Trauma center, as well as accredited adult and pediatric Burn Center, but leadership determined it had insufficient capacity in ED, beds, and ORs to accommodate an adult trauma service without displacing other basic and specialty care programs
 - Highest bed occupancy in state (90-plus %)

The need for an additional trauma center in Chicago? Debatable.

- Existing 5 centers geographically mal-distributed but travel time is under 30 minutes for virtually all locations
 - A new trauma center at UCM would decrease average travel time by ~ 5 min with unclear impact on outcomes
 - Diversion of trauma patients from existing centers including county system with significant downstream impact
- Closure of Provident Hospital ED (1.5 miles from UCM) increased patient visits to UCM, causing further ED overcrowding
- Efforts to triage non-emergency visits from ED to community clinics in context of Medicaid “home” strategy led by M. Obama was caught in politics of 2008 presidential campaign
- Issue remained highly controversial with both internal and external audiences – linked to broader issues of disparities and social justice

Community activism accelerates in wake of growing Chicago gun violence, and an interesting story for media of all stripes

U.S.

A Death Sparks a Demand for Care

By DON TERRY OCT. 2, 2010

A few weeks shy of his 19th birthday, Damian Turner, a charismatic youth advocate and aspiring musician, was gunned down in a drive-by shooting on Aug. 15 — four blocks from one of the best [hospitals](#) in the world, the [University of Chicago](#) Medical Center in Hyde Park.

But rather than rush the gravely wounded teenager there, Chicago Fire Department paramedics were required to drive him to the nearest Level 1 trauma center, which was more than nine miles across the city at

Northwestern Memorial Hospital on the northwestern edge of downtown. Mr.

NY Times



Internal and external stakeholders increase pressure

- Community activists, student groups join
- Media/press attention in response to protests/pickets/ “die-ins”
- Related issues making headlines – violence, policing
- Linkage to Obama Presidential Library



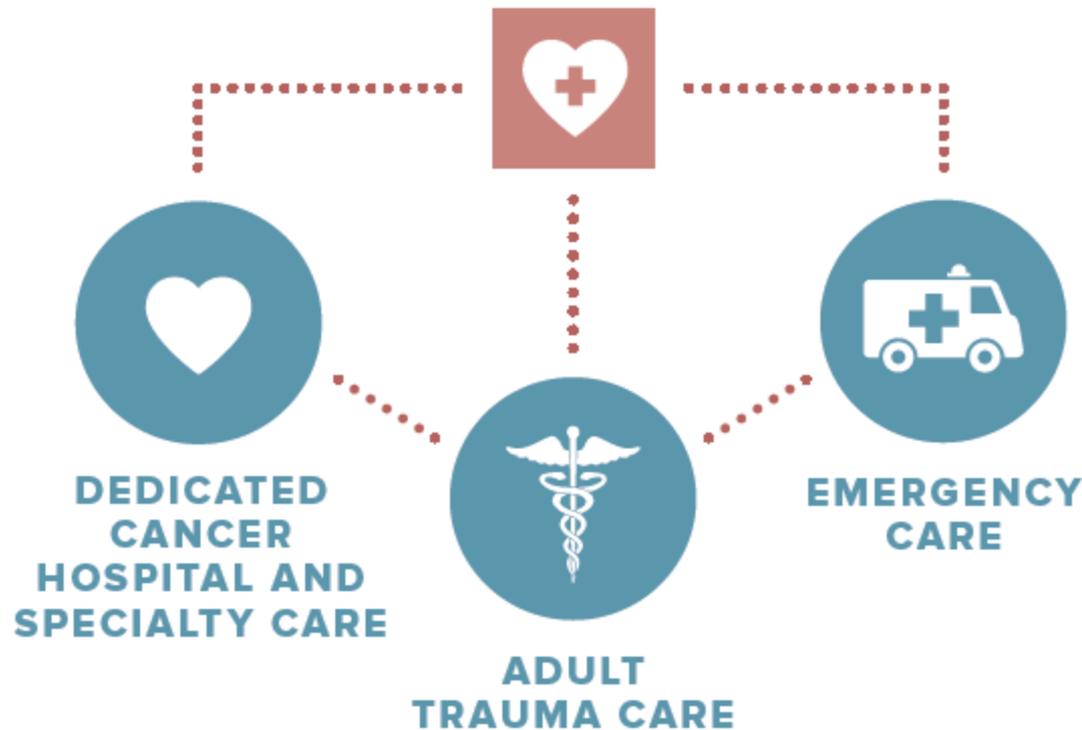
Chair's role (1)

- How to represent an institutional policy or strategy with which you disagree?
 - How to convey “appropriate” dissent (without losing your job)?
 - Behind closed doors or in public?
 - Protection of tenure/academic freedom?
 - How to represent institutional view to internal stakeholders (faculty, trainees, alums) or to external stakeholders (benefactors)?
 - How to handle requests for comments from the media, or if you're asked to be a spokesperson

Behind the scenes...

- Leadership continued to analyze possible solutions – lack of consensus among leaders (Dean, hospital, University leadership, boards) on tradeoffs, costs, feasibility, and consequences.
- Difficulty of strategic decisions in the “fishbowl”
- Partnership explored with an existing trauma program to open freestanding level 1 center at a lower occupancy community hospital with good ED facilities in close proximity to epicenter of gun violence
 - Public announcement of partnership, but plan ran into logistical hurdles that were increasingly complex to solve
- *Ongoing internal discussions about a more aggressive Plan B eventually won the day*

In early 2016, UCM proposed a \$270-million integrated plan to increase access to care



Getting out the message

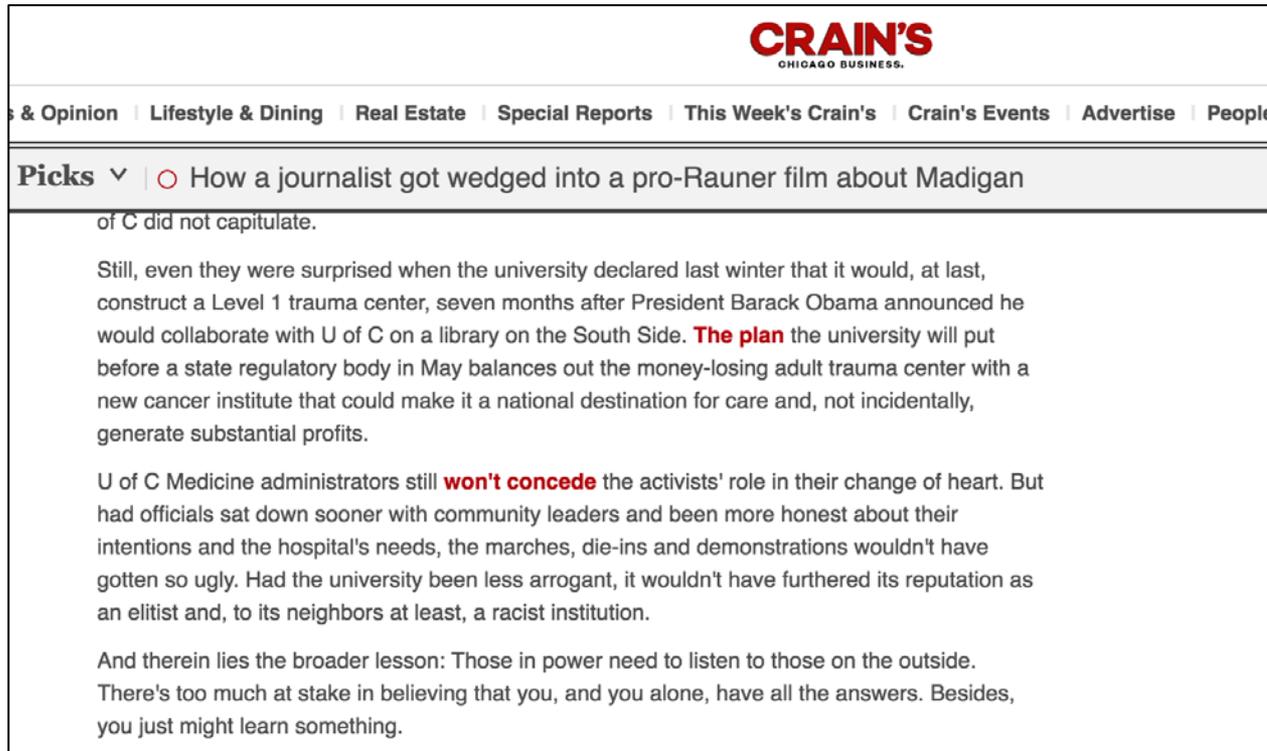
What we wanted to say

- Pleased that we found way to improve access to emergency and specialist care on the South side, including trauma victims
- Major fiscally sound investment
- Opportunity to better define the role of a great research university in solving problems facing its local community and urban centers more broadly

What the media wanted to ask

- Did the activists force us to capitulate?
- Was this really an effort to just expand lucrative cancer and surgical services?
- Will our new commitment be an enduring one?
- Was this effort linked to the decision to site the Obama Library at the University of Chicago?

Control of message: despite announcement, one major editorial board still accused U of C of being arrogant, elitist, and racist...without seeking comment or discussion



The image shows a screenshot of a webpage from Crain's Chicago Business. At the top, the logo for "CRAIN'S CHICAGO BUSINESS" is visible. Below the logo is a navigation bar with links for "Opinion", "Lifestyle & Dining", "Real Estate", "Special Reports", "This Week's Crain's", "Crain's Events", "Advertise", and "People". The main content area features a "Picks" dropdown menu and a headline: "How a journalist got wedged into a pro-Rauner film about Madigan". The text below the headline discusses the University of Chicago's response to a film, mentioning a Level 1 trauma center and a library project. It also includes a critique of the university's handling of the situation, stating that officials should have been more honest and that the university's reputation as an elitist and racist institution was furthered by its actions. The text concludes with a broader lesson: "Those in power need to listen to those on the outside. There's too much at stake in believing that you, and you alone, have all the answers. Besides, you just might learn something."

Others were more open to conversation and wrote favorably

Chair's role (2)

- How to be an effective institutional spokesperson
 - Cold calls
 - Editorial board visits
 - On- camera interviews
 - Radio
 - Print interviews
- How to get “your message” out to reporters who may have a very different agenda

Importance of media training and close collaboration with institutional communications/public relations team

- Sharpen key messages
 - Consistency
 - Careful preparation
 - Power of the anecdote
- Tricks of the trade
 - Bridging and pivoting, other tricks to emphasize your message
 - Avoiding common traps (loaded preface, repeating negative phrasing, *etc*)
- Rehearsal
 - Mock interviews, film sessions
 - Feedback, verbal tics, posture, use of hands

Strategic decisions in a fishbowl

- Understanding optics and how message can be (mis)interpreted by various stakeholders
- Chair's role in representing unpopular or controversial policies/decisions – whether or not you agree
- Importance of media training – don't “wing it”