

## Making a daily ‘to be’ list: How a hospital-system CEO is navigating the coronavirus crisis

Cincinnati Children’s CEO Michael Fisher is communicating with purpose, leaning into tough choices, and emphasizing trust as he leads through uncertainty.

**Michael Fisher doesn’t mince words** when describing the effects of the COVID-19 pandemic on Cincinnati Children’s Hospital Medical Center, the medical institution he leads: “This rocked people’s world”—for kids, families, and employees. The 130-year-old hospital and pediatric-research powerhouse, with 16,000 employees, consistently ranks among the very best in the United States, and, after COVID-19 struck, it was suddenly a very different place. Government leaders had asked all hospitals across the state to furnish hospital capacity for critically ill COVID-19 patients and to steward personal protective equipment to help safeguard the region’s medical system.

Nonurgent surgical procedures, ambulatory services, and research were reduced by nearly 80 percent. Fisher and his team moved quickly to transform day-to-day operations, addressing the demands of the pandemic while maintaining urgent care for ailing kids. To preserve trust among all stakeholders, Fisher vastly ramped up communications and telehealth services. At the same time, he and his senior team have kept a steady eye on the path forward for Cincinnati Children’s for when the pandemic abates. Fisher is convinced that the pressures have only fortified the collaborative culture at Children’s, while helping him—and his team—to grow as leaders. He described his “CEO moment” in a

conversation with McKinsey senior partners Manish Chopra and Scott Keller.

**The Quarterly:** *Was there a moment when it hit you that the COVID-19 pandemic was going to be a really different challenge for you, as a CEO, from ones you had faced in the past?*

**Michael Fisher:** Certain experiences change how you approach the role, how you function, and this might be a bigger moment than many for that. As it became clear this wasn’t going to be limited in duration, nor limited in impact, what went through my mind was the range of issues that needed to be dealt with—and the range of responsibilities that we had to patients, to families, to our employees, and to the community. How would we take this moment and not only preserve trust with stakeholders but also strengthen it?

What has served us well, with our employees and with patients and families, is that we have dramatically ramped up our communications efforts in every channel, both in our intranet and the internet, with dozens of builds by the day. That includes frequently asked questions and appropriate responses, a series of videos that I share with our employees, and a weekly virtual leadership meeting. Some I would put in the category of substantive information. But it also is cultural touch, reassurance—just a place to connect.

**The Quarterly:** *Say a little more about how you've changed your communications across the organization.*

**Michael Fisher:** We're doing more and being more purposeful—and more people are paying attention. I had been doing videos, sporadically, for ten years. But we've been doing them once or twice a week since the first week of the pandemic. They used to get 1,500 hits. They now get 5,000-plus hits. And I'm giving my senior-team members visibility by having them join me on some of those videos each week.

Another idea was to get a two-way update in real time—virtual leadership rounds targeted to our managers. This is something that General [Stanley A.] McChrystal used during the post-9/11 and the Afghanistan War eras. We didn't know whether we'd get 50 people or none—and we're averaging over 800 people, every Monday, for an hour. The focus is both us informing the managers on “what we all need to know” and them informing us on “here are things you, Michael, and your leadership team ought to know.” The personal element is what's high value.

**The Quarterly:** *How do the dynamics of your role as CEO differ in a forum like that?*

**Michael Fisher:** I've tried to be the orchestra conductor. Depending on the topic, I may call on different leaders and then connect the dots. The more difficult subjects for managers and employees are the ones where I personally lean into the camera, take the questions, and share what I think we need to do—and, most importantly, why.

**The Quarterly:** *What would be an example of a difficult issue you needed to lean in on?*

**Michael Fisher:** One was why we decided to eliminate merit increases for fiscal '21. I also explained that my senior team and I were taking significant pay cuts for a temporary period, which we were not asking the rest of the management team to do.

**The Quarterly:** *As a CEO, how do you cope with a crisis of this magnitude?*

**Michael Fisher:** You've got to adjust—agility, flexibility, a little tolerance, a little grace—but I suppose most important for me is presence and calm and communication, recognizing the moment and making sure we've got all the pieces being attended to and the right, empowered expertise.



**Michael Fisher** has been the president and CEO of Cincinnati Children's Hospital Medical Center since 2010. Before joining Cincinnati Children's, Fisher served as president and CEO of Premier Manufacturing Support Services, as well as president and CEO of the Cincinnati USA Regional Chamber of Commerce. Fisher is a graduate of Stanford University.

There's a gazillion moving pieces that need attention every day. We have delegated that to our incident-command team and a steering committee led by our COO, chief of staff, and team. From the get-go, in my time as CEO, I tried to build a leadership team that had different areas of expertise and talent—operations, infectious-disease expertise, financial acumen. In this pandemic, giving people more delegated authority and responsibility has allowed me to focus on the things that I thought I really needed to focus on.

**The Quarterly:** *What would be examples of areas where you felt you really needed to lead?*

**Michael Fisher:** Maintaining and building trust is one of my top priorities and responsibilities. What do we do about keeping people employed when business drops off 80 percent in several key areas? What do we do about compensation and benefits? We actually have kept all of our people employed and, initially—in the first eight weeks—at full compensation. The second eight weeks, for those who are temporarily without work, we've given them a 20 percent reduction in compensation. We know many organizations have had to let people go. We haven't had to do that yet. That kind of decision was ultimately mine to have to make.

Decisions like that are not going to be universally popular. But they are important for role-modeling leadership, on the one hand, and for addressing financial challenges, on the other. Another example is a decision involving a beautiful, relatively new 42-bed hospital for children we built about 20 miles from our base academic medical center. It's a fantastic facility and in a good geography for our community. I told our board leaders, "Look, if the community needs us to repurpose that facility to serve adult patients who are critically ill from COVID, I'm prepared to do it." That would not have been a popular decision with some important stakeholders, for a range

of reasons, and, thankfully, we haven't had to do it. But if that was the right way for our community to respond to this crisis, I would have been ready to do it again.

**The Quarterly:** *An evergreen facet of the CEO role is the ability to look through both a microscope, at the here and now, and a telescope, at what's on the horizon. Is it possible to do both during a time like this?*

**Michael Fisher:** During these last two and a half months, I don't think my senior team or our organization ever took our eyes off the telescope. During our initial response to the pandemic, we made sure that the team had the permission and the support to really be laser focused on making sure we were responding safely and appropriately for kids, for families, and for their community. Telehealth has been an important part of that. We went from 2,000 telehealth visits in all of 2019 to more than 5,000 a week now.

Our team is already thinking, "How does telehealth accelerate what we already knew we wanted to do?," which was to think even more about the right care, in the right setting, and at the right time. I keep pushing myself and our team to think about how we use this inflection point to reimagine our potential together, as opposed to allowing our organization to just go back to the comfort of "Let's do what we were doing." So I don't think it's an either/or; I think it's a relative emphasis in priority.

**The Quarterly:** *Did you find there were capability gaps when you shifted from physical to virtual?*

**Michael Fisher:** Early family-satisfaction feedback is encouraging, but I haven't seen enough data to know how our patients and families are experiencing care in the telehealth setting or their preferences for ongoing use. There was some technology and infrastructure

ramp-up, which I think our team responded phenomenally to. Then there are the skill sets of the providers and the clinicians to do their work in this setting. We've all been on enough Zoom-meeting calls to know some people are reasonably skilled at facilitating and participating, and others are not. The great news is that this is an opportunity to learn in a much quicker cycle.

**The Quarterly:** *How about your own personal operating model—what's serving you well?*

**Michael Fisher:** I think everyone has their own style for managing themselves, managing their workload, holding themselves accountable, and keeping their eye on the near term and the long term. I've always had a decent amount of discipline around writing down "to-dos"—you know, I want to make sure I do A, B, and C today. I print out my daily calendar, I have it with me all day, and I make notes as I go. But I never purposefully gave thought to whether there's a way to be really *intentional* about how I want to show up every day. So I've added a "to be" list to my repertoire.

Today, for example, I want to be generous and genuine. I hope I'm that way every day. But today I want to make sure it stays top of mind. I have a couple of important meetings later with some key people from my senior team. I want to make sure it's not just a necessary, tactical interaction but also that I am generous in my appreciation for them and that they feel that, because that's really my main purpose for those conversations. On a different day this week—and, look, you can see it here in my calendar—I knew that part of my job that day was to be collaborative and catalytic. So I pick out two qualities, two kinds of to be, every morning as part of my normal routine.

**The Quarterly:** *Have your interactions with the board changed?*

**Michael Fisher:** The board's been great. They have given our management team the space

to act and do what it needs to do. Reciprocally, we have been very communicative with board leadership. Every week, I do a short call with the chair and/or the vice chairs, and we frequently send very short bullet-point emails because things change so quickly. We also have had a number of hour-long video meetings, with quick overviews on topics and questions, for our full 30-person board, which also now has access to our intranet site, so they get all the communications, videos, FAQs, and newsletters we do for employees. They now can keep up in real time with all of the issues they may have a personal or fiduciary interest in.

**The Quarterly:** *What have you learned about making decisions when there's so much uncertainty?*

**Michael Fisher:** I have always tried to get input from a variety of voices I respect. On the compensation decisions, I tried not to get us too far over our skis, so we took it in eight-week chunks. We didn't say right out of the gate, "Everybody's employed forever at 100 percent." But we thought it was important to reassure our team and to allow them to get their own lives together and figure things out. The framework of acknowledging uncertainty and the need to revisit was one way to help mitigate it.

Early in my leadership career, a retired CEO told me, "You'll generally make good decisions. But the more important thing is there are times when you just need to make the decision and then do everything you can to make it a *good* decision." That gives me some confidence, even in uncertainty. Do you have alignment with your team, and can you execute? I'm sure in this moment—as always—I have not made perfect decisions. But you learn from them, and you adjust.

I think the big learning in the COVID era, for all of us, has been understanding the need

to adjust, now and in the months ahead. COVID-19 is going to be with us for a while, and so is the economic, health, and social impact. We're going to need to navigate it. Part of that is focusing even more on partnering with and supporting the community. For example, CEOs of major employers, including

P&G, Kroger, Fifth Third Bank, Cincinnati Children's, and others, initiated a task force to focus on a robust and inclusive restart of our economy and region. Being part of those things is more important than ever to me, our institution, and our community. Q

**Michael Fisher** is the CEO of Cincinnati Children's Hospital Medical Center. This interview was conducted by **Manish Chopra**, a senior partner in McKinsey's New York office, and **Scott Keller**, a senior partner in the Southern California office.

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